2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

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FILED
Mar 26, 2003 8:00 am
Secretary of State
03-10-2003 90780 013 ****61.25

DOCUMENT # N23551

1. Entity Name
AMI OF COLLIER COUNTY, INC.

Principal Place of Business	Mailing Address
5020 TAMIAMI TRAIL N #106 NAPLES FL 34103 US	5020 TAMIAMI TRAIL N #106 NAPLES FL 34103 US

☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 65-0047747 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
HUNTER, KATHRYN 4658 SANTIAGO LANE BONITA SPRINGS FL 34134	Name Street Address (P.O. Box Number is Not Acceptable) City **FL** Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE Kathy Hunter 3/5/03
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW: FEE IS $61.25

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DPT COLLETT, PAMELA 5020 TAMIAMI TRAIL NORTH #106 NAPLES FL 34103	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Board member D	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DT EVANS, JUDY 5312 BILLINGS STREET LEHIGH ACRES FL 33971	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	President D EVANS, Judith	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD CHELLO, LINDA 2571 53 TERR SW NAPLES FL 34116	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V.P. D Robert Lierow 4301 Gulfshore Dr #203 NAPLES FL 34103	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DVP SALDUKAS, DR. STEVE 6075 GOLDEN GATE PKWY NAPLES FL 34116	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Secretary D Susan Lang 7540 Cameron Cir FT Myers FL 33912	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

CR2E037 (10/02)

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Judith Evans REQUIRED Judith Evans 3/4/03
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #