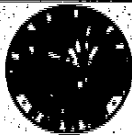


FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Monahan
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

95 APR 21 AM 9:45

DOCUMENT # N28705 (4)

1. Corporation Name

COLLIER COUNTY MEDICAL SOCIETY ALLIANCE, INC.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

Mailing Address

C/O COLLIER COUNTY MEDICAL SOCIETY
P. O. BOX 2102
NAPLES FL 33909-9102

C/O COLLIER COUNTY MEDICAL SOCIETY
P. O. BOX 2102
NAPLES FL 33909-9102

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

10/05/1988

3a. Date of Last Report

05/01/1994

4. FEI Number

65-0085150

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

7. Nonprofit with IRS 501(c)(3)

☐

\$68.75 Supplemental
Fee Not Required

8. This corporation has liability for intangible tax under S. 199.032,

Florida Statutes

☐ Yes

☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

LASCHEID, NANCY
372 EDGEWATER WAY NORTH
NAPLES FL 33999

81 Name

Cathy Campbell

82 Street Address (P.O. Box Number is Not Acceptable)

7035 Greentree Drive

83

84 City

Naples

FL

85 Zip Code

33963

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of, Section 607.0507, Florida Statutes.

SIGNATURE *Cathy Campbell* April 17, 1995

Signature, typed or printed name of registered agent and fee if applicable.

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD
NAME LASCHEID, NANCY
STREET ADDRESS 372 EDGEWATER WAY N.
CITY-ST-ZIP NAPLES FL 33999

1.1 TITLE PD ☒ Change ☐ Addition
1.2 NAME CATHY CAMPBELL
1.3 STREET ADDRESS 7035 Greentree Drive
1.4 CITY-ST-ZIP Naples, FL 33963

TITLE PED
NAME CAMPBELL, CATHY
STREET ADDRESS 7035 GREENTREE DR.
CITY-ST-ZIP NAPLES FL 33963

2.1 TITLE PED ☒ Change ☐ Addition
2.2 NAME Hilde Poeltl
2.3 STREET ADDRESS 740 Fountainhead Lane
2.4 CITY-ST-ZIP Naples, FL 33940

TITLE TD
NAME PELTL, HILD
STREET ADDRESS 740 FOUNTAINHEAD LANE
CITY-ST-ZIP NAPLES FL 33940

3.1 TITLE TD ☒ Change ☐ Addition
3.2 NAME Doshie Crandall
3.3 STREET ADDRESS 777 Wedge Drive
3.4 CITY-ST-ZIP Naples, FL 33940

TITLE ATD
NAME CRANDALL, DOSHIE
STREET ADDRESS 777 WEDGE DR.
CITY-ST-ZIP NAPLES FL 33940

4.1 TITLE ATD ☒ Change ☐ Addition
4.2 NAME Cathy Jo Mead
4.3 STREET ADDRESS 630 West Avenue
4.4 CITY-ST-ZIP Naples, FL 33963

TITLE CSD
NAME MECKSTROTH, COLLEEN
STREET ADDRESS 9827 SANDRINGHAM GATE DR.
CITY-ST-ZIP NAPLES FL 33942

5.1 TITLE VPD ☒ Change ☐ Addition
5.2 NAME Grace Ferguson
5.3 STREET ADDRESS 506 Pine Grove Lane
5.4 CITY-ST-ZIP Naples, FL 33940

TITLE RSD
NAME SEIFERT, VICKIE
STREET ADDRESS 1720 HURRICANE HARBOR LANE
CITY-ST-ZIP NAPLES FL 33940

6.1 TITLE CSD ☒ Change ☐ Addition
6.2 NAME Veora Little
6.3 STREET ADDRESS 180 Edgemere Way
6.4 CITY-ST-ZIP Naples, FL 33963

14. I do hereby certify that the information furnished with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 017, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Doshie R. Crandall* Doshie Crandall (813) 649-6050

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #