FILE NOW: FILING FEE AFTER MAY 1 IS $150.00

APPROVED AND FILED

'95 APR 21 AM 9:45

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION ANNUAL REPORT
1995

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

DOCUMENT # N28705 (4)

1. Corporation Name

COLLIER COUNTY MEDICAL SOCIETY ALLIANCE, INC.

Principal Place of Business	Mailing Address
C/O COLLIER COUNTY MEDICAL SOCIETY P. O. BOX 2102 NAPLES FL 33939-9102	C/O COLLIER COUNTY MEDICAL SOCIETY P. O. BOX 2102 NAPLES FL 33939-9102

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 ☐
5. Certificate of Status Desired ☐ — $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ — $5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ — $68.75 Supplemental Fee Not Required
8. *This corporation has liability for intangible tax under S. 199.032,* Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip / Country 24 / 25	Zip / Country 29 / 30

9. Name and Address of Current Registered Agent

LASCHEID, NANCY
372 EDGEMERE WAY NORTH
NAPLES FL 33999

10. Name and Address of New Registered Agent

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 607.0505, Florida Statutes.

SIGNATURE: Cathy Campbell — April 17, 1995
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	1.1 TITLE	PD	☒ Change ☐ Addition
NAME	LASCHEID, NANCY	1.2 NAME	CATHY CAMPBELL	
STREET ADDRESS	372 EDGEMERE WAY N.	1.3 STREET ADDRESS	7035 Greentree Drive	
CITY-ST-ZIP	NAPLES FL 33999	1.4 CITY-ST-ZIP	Naples, FL 33963	
TITLE	PED	2.1 TITLE	PED	☒ Change ☐ Addition
NAME	CAMPBELL, CATHY	2.2 NAME	Hilde Poeltl	
STREET ADDRESS	7035 GREENTREE DR.	2.3 STREET ADDRESS	740 Fountainhead Lane	
CITY-ST-ZIP	NAPLES FL 33963	2.4 CITY-ST-ZIP	Naples, FL 33940	
TITLE	TD	3.1 TITLE	TD	☒ Change ☐ Addition
NAME	PELTL, HILD	3.2 NAME	Doshie Crandall	
STREET ADDRESS	740 FOUNTAINHEAD LANE	3.3 STREET ADDRESS	777 Wedge Drive	
CITY-ST-ZIP	NAPLES FL 33940	3.4 CITY-ST-ZIP	Naples, FL 33940	
TITLE	ATD	4.1 TITLE	ATD	☒ Change ☐ Addition
NAME	CRANDALL, DOSHIE	4.2 NAME	Cathy Jo Mead	
STREET ADDRESS	777 WEDGE DR.	4.3 STREET ADDRESS	630 West Avenue	
CITY-ST-ZIP	NAPLES FL 33940	4.4 CITY-ST-ZIP	Naples, FL 33963	
TITLE	CSD	5.1 TITLE	VPD	☒ Change ☐ Addition
NAME	MECKSTROTH, COLLEEN	5.2 NAME	Grace Ferguson	
STREET ADDRESS	9827 SANDRINGHAM GATE DR.	5.3 STREET ADDRESS	506 Pine Grove Lane	
CITY-ST-ZIP	NAPLES FL 33942	5.4 CITY-ST-ZIP	Naples, FL 33940	
TITLE	RSD	6.1 TITLE	CSD	☒ Change ☐ Addition
NAME	SEIFERT, VICKIE	6.2 NAME	Veora Little	
STREET ADDRESS	1720 HURRICANE HARBOR LANE	6.3 STREET ADDRESS	180 Edgemere Way	
CITY-ST-ZIP	NAPLES FL 33940	6.4 CITY-ST-ZIP	Naples, FL 33963	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), 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 617, 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 BOARD OFFICER OR DIRECTOR — Date — Daytime Phone #

COR/AR07