

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mathiam
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

3. Date Incorporated or Qualified 10/05/1988	3a. Date of Last Report 04/21/1995
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2. Principal Place of Business		2a. Mailing Address		4. FEI Number 65-0085150		Applied For	
21. Suite, Apt. #, etc.		26. Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
22. City & State		27. City & State		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
23. Zip		28. Zip		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No			
24. Country		29. Country					
25.		30.					

CAMPBELL, CATHY
7035 GREENTREE DRIVE
NAPLES FL 33963

81	Name	KATHY JO MEAD		
82	Street Address (P.O. Box Number is Not Acceptable)	630 WEST AVE		
83				
84	City	NAPLES	FL	85 Zip Code 33963

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE *Gally Gilman* 1-28-76
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	PO	<input checked="" type="checkbox"/> DELETE	1.1 TITLE	ASSOCIATE TREASURER	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CAMPBELL, CATHY		1.2 NAME	AMY ADILTORI	(T)
STREET ADDRESS	7035 GREENTREE DRIVE		1.3 STREET ADDRESS	4181 CUTLASS LANE	
CITY-ST-ZIP	NAPLES FL		1.4 CITY-ST-ZIP	NAPLES FL 33940	
TITLE	PO	<input type="checkbox"/> DELETE	2.1 TITLE	PRESIDENT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	POELTL, HILDE		2.2 NAME		(D)
STREET ADDRESS	740 FOUNTAINHEAD LANE		2.3 STREET ADDRESS		
CITY-ST-ZIP	NAPLES FL		2.4 CITY-ST-ZIP		
TITLE	TD	<input checked="" type="checkbox"/> DELETE	3.1 TITLE	CORRESPONDING SECRETARY	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CRANDALL, DOSHIE		3.2 NAME	SUSAN BELLO	(T)
STREET ADDRESS	777 WEDGE DRIVE		3.3 STREET ADDRESS	451 FLAMINGO AVE	
CITY-ST-ZIP	NAPLES FL		3.4 CITY-ST-ZIP	NAPLES FL 33963	
TITLE	ATD	<input type="checkbox"/> DELETE	4.1 TITLE	SENIOR TREASURER	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MEAD, CATHY JO		4.2 NAME	MEAD, KATHY JO	(T)
STREET ADDRESS	630 WEST AVENUE		4.3 STREET ADDRESS		
CITY-ST-ZIP	NAPLES FL		4.4 CITY-ST-ZIP		
TITLE	VPD	<input checked="" type="checkbox"/> DELETE	5.1 TITLE	FIRST VICE PRESIDENT	(D) <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	FERGUSON, GRACE		5.2 NAME	GAIL COLLINS	
STREET ADDRESS	506 PINE GROVE LANE		5.3 STREET ADDRESS	682 LISMORE LANE	
CITY-ST-ZIP	NAPLES FL		5.4 CITY-ST-ZIP	NAPLES FL 33963	
TITLE	CSD	<input type="checkbox"/> DELETE	6.1 TITLE	PRESIDENT ELECT	(D) <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LITTLE, VEORA		6.2 NAME	6.2 NAME	
STREET ADDRESS	180 EDGEWATER WAY		6.3 STREET ADDRESS	6.3 STREET ADDRESS	
CITY-ST-ZIP	NAPLES FL		6.4 CITY-ST-ZIP	6.4 CITY-ST-ZIP	

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)(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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Patricia G. G. G. G.* 4.28.96 941.552.6365

OS-01-46 CR2E037 (12/95)