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May 27 1997 8:00am
Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1997



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 C/O COLLIER COUNTY MEDICAL SOCIETY
P. O. BOX 2102 P. O. BOX 2102
NAPLES FL 33939-9102 NAPLES FL 34106-2102

3. Date Incorporated or Qualified 10/05/1988 3a. Date of Last Report 05/01/1996

2. Principal Place of Business	2a. Mailing Address	4. FEI Number 65-0085150	Applied For Not Applicable
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 Country	28 Zip Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	
24 Zip Country	29 Zip Country		

9. Name and Address of Current Registered Agent

MEAD, KATHY JOE
630 WEST AVE.
NAPLES FL 33963

10. Name and Address of New Registered Agent

81 Name Brown, Julie
82 Street Address (P.O. Box Number is Not Acceptable) 2136 Snook Dr
83
84 City NAPLES FL 85 Zip Code 34102

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 *Julie Brown* (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	T ADIUTORI, AMY <input checked="" type="checkbox"/> DELETE	1.1 TITLE	TD Brown, Julie <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	4181 CUTLASS LANE	1.2 NAME	2136 Snook Drive
STREET ADDRESS	NAPLES FL 33940	1.3 STREET ADDRESS	NAPLES FL 34102
CITY - ST - ZIP		1.4 CITY - ST - ZIP	
TITLE	D POELTL, HILDE <input checked="" type="checkbox"/> DELETE	2.1 TITLE	VPD Boucek, Susan <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	740 FOUNTAINHEAD LANE	2.2 NAME	10279 6SB
STREET ADDRESS	NAPLES FL	2.3 STREET ADDRESS	NAPLES FL 34108
CITY - ST - ZIP		2.4 CITY - ST - ZIP	
TITLE	T BELLO, SUSAN <input checked="" type="checkbox"/> DELETE	3.1 TITLE	SCD Greider, Christine <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	451 FLAMINGO AVE.	3.2 NAME	207 Baypoint
STREET ADDRESS	NAPLES FL 33963	3.3 STREET ADDRESS	NAPLES FL 34103
CITY - ST - ZIP		3.4 CITY - ST - ZIP	
TITLE	T MEAD, CATHY JO <input checked="" type="checkbox"/> DELETE	4.1 TITLE	TD Rougaff, Barbara <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	630 WEST AVENUE	4.2 NAME	750 Carter Rd
STREET ADDRESS	NAPLES FL	4.3 STREET ADDRESS	NAPLES FL 34108
CITY - ST - ZIP		4.4 CITY - ST - ZIP	
TITLE	D COLLINS, GAIL <input checked="" type="checkbox"/> DELETE	5.1 TITLE	VED STANALAND, Linda <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	682 LISMORE LANE	5.2 NAME	770 9th Ave S.
STREET ADDRESS	NAPLES FL 33963	5.3 STREET ADDRESS	NAPLES FL 34102
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE	D LITTLE, VEORA <input type="checkbox"/> DELETE	6.1 TITLE	P.O. <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	180 EDMERE WAY	6.2 NAME	LITTLE, VEORA
STREET ADDRESS	NAPLES FL	6.3 STREET ADDRESS	180 EDMERE WAY
CITY - ST - ZIP		6.4 CITY - ST - ZIP	NAPLES FL

14. I do 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 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: *Veora Little* 5/15/97

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone # 0759474

CR2E037 (9/96)