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May 14 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N28705 (4)

1. Corporation Name
COLLIER COUNTY MEDICAL SOCIETY ALLIANCE, INC.



Principal Place of Business C/O COLLIER COUNTY MEDICAL SOCIETY P. O. BOX 2102 NAPLES FL 33939-9102	Mailing Address C/O COLLIER COUNTY MEDICAL SOCIETY P. O. BOX 2102 NAPLES FL 33939-9102
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3. Date Incorporated or Qualified 10/05/1988	Applied For <input type="checkbox"/> Not Applicable
4. FEI Number 65-0085150	

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

5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent

**BROWN, JULIE
2136 SNOOK DR
NAPLES FL 34102**

10. Name and Address of New Registered Agent

81 Name Sheri Samotin
82 Street Address (P.O. Box Number is Not Acceptable) 595 Gordon Rd
83 Naples, FL 34102
84 City Naples
85 Zip Code FL 34108

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 *[Signature]* DATE **4/29/98**

12. OFFICERS AND DIRECTORS

TITLE	TD	<input type="checkbox"/> DELETE
NAME	BROWN, JULIE	
STREET ADDRESS	2136 SNOOK DR	
CITY-ST-ZIP	NAPLES FL	
TITLE	VPD	<input type="checkbox"/> DELETE
NAME	BOUCEK, SUSAN	
STREET ADDRESS	10279 65B	
CITY-ST-ZIP	NAPLES FL	
TITLE	SCD	<input type="checkbox"/> DELETE
NAME	GREIDER, CHRISTINE	
STREET ADDRESS	207 BAYPOINT	
CITY-ST-ZIP	NAPLES FL	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	ROUGRAFF, BARBARA	
STREET ADDRESS	750 CORRA RD	
CITY-ST-ZIP	NAPLES FL	
TITLE	VED	<input type="checkbox"/> DELETE
NAME	STANALAND, LINDA	
STREET ADDRESS	770 9TH AVE S.	
CITY-ST-ZIP	NAPLES FL	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	LITTLE, VEORA	
STREET ADDRESS	180 EDMERE WAY	
CITY-ST-ZIP	NAPLES FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	Alliance Treasurer	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Samotin, Sheri	
1.3 STREET ADDRESS	595 Gordon Rd	
1.4 CITY-ST-ZIP	Naples, FL 34108	
2.1 TITLE	1st Vice President	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Renalski, Cindy	
2.3 STREET ADDRESS	143 Carica Rd.	
2.4 CITY-ST-ZIP	Naples, FL 34108	
3.1 TITLE	Recording Secretary	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Dreyer, Lynne	
3.3 STREET ADDRESS	Regatta Lane	
3.4 CITY-ST-ZIP	Naples, FL 34102	
4.1 TITLE	TD - Founding	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	Rougraff, Barbara	
4.3 STREET ADDRESS	750 Carica Rd	
4.4 CITY-ST-ZIP	Naples, FL 34108	
5.1 TITLE	VED - President Elect	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	Bellojusan	
5.3 STREET ADDRESS	451 Flamingo Ave	
5.4 CITY-ST-ZIP	Naples, FL 34108	
6.1 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	Stanaland, Linda	
6.3 STREET ADDRESS	770 9th Ave S.	
6.4 CITY-ST-ZIP	Naples, FL 34102	

14. 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 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: *[Signature]* **May 1, 1998**

CR2E037 (10/97)