

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Jul 12, 1999 8:00 am
Secretary of State

07-12-1999 90011 003 ****61.25

DOCUMENT - 1



DOCUMENT # **N 28705**
Corporation Name
Collier County Medical Society Alliance, Inc.

Principal Place of Business
**750 Carica Rd
Naples, FL 34108**

Mailing Address
Same

Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified
	26	10/05/1988
Suite, Apt. #, etc.	Suite, Apt. #, etc.	4. FEI Number
	27	45 0085150
City & State	City & State	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
	28	
Zip	Country	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
25	29	30

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
Sheri Samotin 595 Gordon Rd Naples, FL 34108	81 Name Barbara Rougraff
	82 Street Address (P.O. Box Number is Not Acceptable) 750 Carica Rd
	83
	84 City Naples FL 85 Zip Code 34108

1. 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 **Barbara Rougraff** DATE **6/25/99**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

2. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
11 TITLE	TD Alliance Treasurer (TD) <input checked="" type="checkbox"/> DELETE	11 TITLE	TD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	Samotin, Sheri	12 NAME	Dreyer, Lynne
13 STREET ADDRESS	595 Gordon Rd.	13 STREET ADDRESS	3161 Regatta Lane
14 CITY-ST-ZIP	Naples, FL 34108	14 CITY-ST-ZIP	Naples, FL 34102
21 TITLE	VPD <input checked="" type="checkbox"/> DELETE	21 TITLE	VPD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
22 NAME	Rynalski, Cindy	22 NAME	Bourdages, Beverly
23 STREET ADDRESS	143 Carica Rd	23 STREET ADDRESS	2160 Harlan's Run
24 CITY-ST-ZIP	Naples, FL 34108	24 CITY-ST-ZIP	Naples, FL 34108
31 TITLE	SCD <input type="checkbox"/> DELETE	31 TITLE	SCD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
32 NAME	Dreyer, Lynne	32 NAME	Melanie Kanar
33 STREET ADDRESS	3161 Regatta Lane	33 STREET ADDRESS	272 Oak Ave
34 CITY-ST-ZIP	Naples, FL 34102	34 CITY-ST-ZIP	Naples, FL 34108
41 TITLE	TD <input type="checkbox"/> DELETE	41 TITLE	VED <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
42 NAME	Rougraff, Barbara	42 NAME	Greider, Christine
43 STREET ADDRESS	750 Carica Rd	43 STREET ADDRESS	207 Baypoint
44 CITY-ST-ZIP	Naples, FL 34108	44 CITY-ST-ZIP	Naples, FL 34108
51 TITLE	VED <input type="checkbox"/> DELETE	51 TITLE	PD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	Bello, Susan	52 NAME	Bello, Susan
53 STREET ADDRESS	451 Flamingo Ave	53 STREET ADDRESS	451 Flamingo Ave
54 CITY-ST-ZIP	Naples, FL 34108	54 CITY-ST-ZIP	Naples, FL 34108
61 TITLE	PD <input checked="" type="checkbox"/> DELETE	61 TITLE	
62 NAME	Stahaland, Linda	62 NAME	
63 STREET ADDRESS	770 9th Ave S.	63 STREET ADDRESS	
64 CITY-ST-ZIP	Naples, FL 34102	64 CITY-ST-ZIP	

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, with all other like empowered.

SIGNATURE: **Barbara Rougraff** **Barbara Rougraff** 6/25/99 (407) 514-4851
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (11/98)