

**2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N28705

**FILED**  
**Mar 11, 2004**  
**Secretary of State****Entity Name:** COLLIER COUNTY MEDICAL SOCIETY ALLIANCE, INC.**Current Principal Place of Business:**371 BANYAN BLVD.  
NAPLES, FL 34102**New Principal Place of Business:**9305 AUTUMN HAZE DR  
NAPLES, FL 34109**Current Mailing Address:**371 BANYAN BLVD.  
NAPLES, FL 34102**New Mailing Address:**9305 AUTUMN HAZE DR  
NAPLES, FL 34109**FEI Number:** 65-0085150**FEI Number Applied For ( )****FEI Number Not Applicable ( )****Certificate of Status Desired ( )****Name and Address of Current Registered Agent:**D'AGOSTINO, MICHELLE  
371 BANYAN BLVD.  
NAPLES, FL 34102**Name and Address of New Registered Agent:**JUSTIZ, JANICE  
9305 AUTUMN HAZE DR  
NAPLES, FL 34109

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: JANICE R. JUSTIZ

03/11/2004

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: TD ( ) Delete  
Name: LUSK, KARI  
Address: 2455 TARPON RD  
City-St-Zip: NAPLES, FL 34110

Title: TD ( ) Delete  
Name: D'AGOSTINO, MICHELLE  
Address: 371 BANYAN BLVD.  
City-St-Zip: NAPLES, FL 34102

Title: PD ( ) Delete  
Name: TROUTMAN, MARY  
Address: 4115 WILLOWHEAD WAY  
City-St-Zip: NAPLES, FL 34103

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: TD (X) Change ( ) Addition  
Name: JUSTIZ, JANICE  
Address: 9305 AUTUMN HAZE DR  
City-St-Zip: NAPLES, FL 34109

Title: TD (X) Change ( ) Addition  
Name: PETRITES, MICHELE  
Address: 27285 ARROYAL ROAD  
City-St-Zip: BONITA SPRINGS, FL 34135

Title: PPD (X) Change ( ) Addition  
Name: TROUTMAN, MARY  
Address: 4115 WILLOWHEAD WAY  
City-St-Zip: NAPLES, FL 34103

Title: CSD ( ) Change (X) Addition  
Name: HOWARD, AMY  
Address: 5088 POST OAK LANE  
City-St-Zip: NAPLES, FL 34105

Title: RSD ( ) Change (X) Addition  
Name: DENT, MARY  
Address: 6617 MILL RUN LANE  
City-St-Zip: NAPLES, FL 34109

Title: PD ( ) Change (X) Addition  
Name: KAPLAN, AVA SPECTOR  
Address: 1745 WINDING OAKS WAY  
City-St-Zip: NAPLES, FL 34109

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JANICE R. JUSTIZ

TD

03/11/2004

Electronic Signature of Signing Officer or Director

Date