

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N28705

FILED
Apr 19, 2005
Secretary of State

Entity Name: COLLIER COUNTY MEDICAL SOCIETY ALLIANCE, INC.

Current Principal Place of Business:

9305 AUTUMN HAZE DR
NAPLES, FL 34109

New Principal Place of Business:

Current Mailing Address:

9305 AUTUMN HAZE DR
NAPLES, FL 34109

New Mailing Address:

P.O. BOX 367446
BONITA SPRINGS, FL 34136

FEI Number: 65-0085150

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

JUSTIZ, JANICE
9305 AUTUMN HAZE DR
NAPLES, FL 34109 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

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

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

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

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

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

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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

04/19/2005

Electronic Signature of Signing Officer or Director

Date