2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 23, 2006 8:00 am
Secretary of State
01-23-2006 90099 027 ****61.25

DOCUMENT # N28705

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

Principal Place of Business	Mailing Address
9305 AUTUMN HAZE DR NAPLES, FL 34109	P.O. BOX 367446 BONITA SPRINGS, FL 34136

01182006 Chg-NP CR2E037 (11/05)

2. Principal Place of Business	3. Mailing Address
27285 Arroyal Rd	Same
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Bonita Springs FL	City & State
Zip: 34135 Country: USA	Zip Country

4. FEI Number 65-0085150 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
JUSTIZ, JANICE 9305 AUTUMN HAZE DR NAPLES, FL 34109	Name: Michele Petrites Street Address (P.O. Box Number is Not Acceptable): 27285 Arroyal Road City: Bonita Springs FL Zip Code: 34135

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: Michele Petrites Treasurer 1/18/06
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $61.25
Due by May 1, 2006

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD JUSTIZ, JANICE 9305 AUTUMN HAZE DR NAPLES, FL 34109	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD → 7082 Lone Oak Blvd. Naples, FL 34109	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD PETRITES, MICHELE 27285 ARROYAL ROAD BONITA SPRINGS, FL 34135	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD →	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PPD TROUTMAN, MARY 4115 WILLOWHEAD WAY NAPLES, FL 34103	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S Chalmers Brothers 478 Heron Ave Naples, FL 34108	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	CSD HOWARD, AMY 5088 POST OAK LANE NAPLES, FL 34105	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MD →	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	RSD DENT, MARY 6617 MILL RUN LANE NAPLES, FL 34109	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P → 1845 Senegal Date drive Naples, FL 34119	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD KAPLAN, AVA SPECTOR 1745 WINDING OAKS WAY NAPLES, FL 34109	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD Mary Elean Vickers 12240 Toscana Way #101 Bonita Springs, FL 34135	☐ Change ☒ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Michele Petrites 1/18/06 2393902334
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #