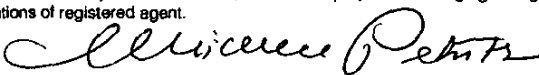
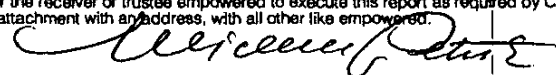


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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 9305 AUTUMN HAZE DR NAPLES, FL 34109			Mailing Address P.O. BOX 367446 BONITA SPRINGS, FL 34136		
2. Principal Place of Business 27285 Arroyal Rd Suite, Apt. #, etc.			3. Mailing Address Same Suite, Apt. #, etc.		
City & State Bonita Springs FL Zip 34135		City & State Zip USA		4. FEI Number 65-0085150	
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required				Applied For Not Applicable	
6. Name and Address of Current Registered Agent JUSTIZ, JANICE 9305 AUTUMN HAZE DR NAPLES, FL 34109			7. Name and Address of New Registered Agent Name Michele Petrites Street Address (P.O. Box Number is Not Acceptable) 27285 Arroyal Road Bonita Springs FL 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  Signature, typed or printed name of registered agent and title if applicable.			Treasurer 1/18/06 (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:  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			1/18/06 2393902334 Date Daytime Phone #		