

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 25, 2007 8:00 am
Secretary of State

01-25-2007 90033 027 ****61.25

DOCUMENT # N28705 1. Entity Name COLLIER COUNTY MEDICAL SOCIETY ALLIANCE, INC.					
Principal Place of Business 27283 ARROYAL RD. BONITA SPRINGS, FL 34135			Mailing Address P.O. BOX 367446 BONITA SPRINGS, FL 34136		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address PO Box 1957			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State Bonita Springs FL		4. FEI Number 65-0085150	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
Zip 34134		Country USA		Applied For Not Applicable	
6. Name and Address of Current Registered Agent PETRITES, MICHELE 21285 ARROYAL RD. BONITA SPRINGS, FL 34135			7. Name and Address of New Registered Agent Name Nicole Laquis Street Address (P.O. Box Number is Not Acceptable) 26800 Tamiami Trail S Suite 360 City Bonita Springs FL Zip Code 34134		
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 Nicole Laquis, Alliance Treasurer 1/22/07 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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 7082 LONE OAK BLVD. NAPLES, FL 34109	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Treasurer Nicole Laquis 26800 Tamiami Trail S., Suite 360 Bonita Springs, FL 34134
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD PETRITES, MICHELE 27285 ARROYAL ROAD BONITA SPRINGS, FL 34135	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD VICKERS, MARY ELEAN 12240 TOSCANA WAY #101 BONITA SPRINGS, FL 34135	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MD HOWARD, AMY 5088 POST OAK LANE NAPLES, FL 34105	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P DENT, MARY 1845 SENEGAL DATE DR. NAPLES, FL 34119	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: Nicole Laquis, Alliance Treasurer <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					