

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N28705

FILED
Jan 21, 2009
Secretary of State

Entity Name: COLLIER COUNTY MEDICAL SOCIETY ALLIANCE, INC.

Current Principal Place of Business:

27283 ARROYAL RD.
BONITA SPRINGS, FL 34135

New Principal Place of Business:

26800 TAMiami TRAIL S., SUITE 360
BONITA SPRINGS, FL 34134

Current Mailing Address:

P.O. BOX 1957
BONITA SPRINGS, FL 34136

New Mailing Address:

FEI Number: 65-0085150

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LAQUIS, NICOLE
26800 TAMiami TRAIL S
STE 360
BONITA SPRINGS, FL 34134 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: PRES () Delete
Name: JUSTIZ, JANICE
Address: 9330 SUMMER PLACE
City-St-Zip: NAPLES, FL 34109

Title: TRES () Delete
Name: LAQUIS, NICOLE
Address: 26800 TAMiami TRAIL S STE 360
City-St-Zip: BONITA SPRINGS, FL 34134

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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 exemption stated 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 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: NICOLE LAQUIS

DIR

01/21/2009

Electronic Signature of Signing Officer or Director

Date