

2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N28705

FILED
Mar 21, 2012
Secretary of State

Entity Name: COLLIER COUNTY MEDICAL SOCIETY ALLIANCE, INC.

Current Principal Place of Business:

9314 LA BIANCO STREET
FORT MYERS, FL 33967

New Principal Place of Business:

Current Mailing Address:

PO BOX 367446
BONITA SPRINGS, FL 34135

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:

PETRITES, MICHELE
27285 ARROYAL ROAD
BONITA SPRINGS, FL 34135 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: TRES
Name: CROSS, MARY
Address: 8640 BLUE FLAG WAY
City-St-Zip: NAPLES, FL 34109

Title: PRES
Name: GROSSMAN, WENDY
Address: 6690 BOTTLEBRUSH LANE
City-St-Zip: NAPLES, FL 34109

Title: VP
Name: JAY, KRISTINA
Address: 285 GRANDE WAY #904
City-St-Zip: NAPLES, FL 34110

I hereby 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 all other like empowered.

SIGNATURE: MICHELE PETRITES

RA

03/21/2012

Electronic Signature of Signing Officer or Director

Date