2005 NOT-FOR-PROFIT CORPORATION **ANNUAL REPORT (AR)**

DOCUMENT # N28707

1. Entity Name

SIGNATURE: Michele Michele

COLLIER COUNTY MEDICAL SOCIETY ALLIANCE FOUNDATION, INC.



FILED May 03, 2005 8:00 am Secretary of State

05-03-2005 90080 012 ****61.25

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Principal Plac	e of Business	Mailing Address						
P.O. BOX 367446 BONITA SPRINGS FL 34136 US		P.O. BOX 367446 BONITA SPRINGS FL 34136 US				- 	ielt Bibli Bibli Bibli Bib	III 21 123 1
2. Principal Place of Business		3. Mailing Address						
Suite, Apt. #, etc.		Suite, Apt. #, etc.		1st MOORE CR2E037 (10/04)				
City & State		City & State		4. FEI Number	65-0091608	J + -	plied For Applicable	
Zip	Country	Zip	Country		5. Certificate of S	Status Desired	\$8.75 Add	litional
	6. Name and Address of Curre	nt Registered Agent	Registered Agent		7. Name and Address of New Registered Agent			
			N	ame				
PETRITES, MICHELE		機分	Street Address		(P.O. Box Number is Not Acceptable)			
272	85 A RROYAL RD.		Street Address		(P.O. Box Number is Not Acceptable)			
BON	NITA SPRINGS FL 34135	1200						
	•		C	ity			Zip Code	9
		·\$*						
	e named entity submits this statementions of registered agent.	t for the purpose of changing its	registered of	ffice or register	red agent, or both, if	n the State of Florida. The	am tamiliar with,	and accept
5.5 52.7g		• • • • • • • • • • • • • • • • • • •						
SIGNATURE	Signature, typed or printed name of registered ag		. 0	nt signature required	(t	DA	· · · · · · · · · · · · · · · · · · ·	
	Signature, typed or printed tashe or registered ag	ent and pice it applicable (NOTE	. uedzresa vče	in signature required	wiet: (etiz(strič)	T		
. 1	FILE NOW: FEE IS \$61.25	9. Election Can	npaion Finan	cina	\$5.00 May Be	Make Ch	eck Payable	to
	Due By May 1, 2005	Trust Fund C			Added to Fees		partment of S	
						<u> </u>		
10.	OFFICERS AND	. •	11.	i o le	ADDITIONS/CHANG	SES TO OFFICERS AND		
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TIFLE	Р	. •	TITLE	PID Mar DRESS 1845	y Dent Senegal (late drive		
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