

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N28707

FILED
Apr 22, 2008
Secretary of State

Entity Name: COLLIER COUNTY MEDICAL SOCIETY ALLIANCE FOUNDATION, INC.

Current Principal Place of Business:

17010 PORTA VECCHIO WAY
#102
NAPLES, FL 34110 US

New Principal Place of Business:

5922 AMBERWOOD DRIVE
NAPLES, FL 34110 US

Current Mailing Address:

17010 PORTA VECCHIO WAY
#102
NAPLES, FL 34110 US

New Mailing Address:

5922 AMBERWOOD DRIVE
NAPLES, FL 34110 US

FEI Number: 65-0091608

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

VICKERS, MARI-ELEAN
17010 PORTA VECCHIO WAY #102
NAPLES, FL 34110 US

Name and Address of New Registered Agent:

HOCHMAN, KIMBERLY
5922 AMBERWOOD DRIVE
NAPLES, FL 34110 US

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: KIMBERLY HOCHMAN

04/22/2008

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: JUSTIZ, JANICE
Address: 7082 LONE OAK BLVD
City-St-Zip: NAPLES, FL 34109 US

Title: PP () Delete
Name: SULLIVAN, JUDY
Address: 375 BOWLINE DRIVE
City-St-Zip: NAPLES, FL 34103 US

Title: V () Delete
Name: SOMMERFELD, BETH
Address: 2334 BUTTERFLY PALM DRIVE
City-St-Zip: NAPLES, FL 34119 US

Title: T () Delete
Name: LAQUIS, NICOLE
Address: 19846 MARKWARD CROSSING
City-St-Zip: ESTERO, FL 33928 US

Title: FT () Delete
Name: HOCKMAN, KIMBERLY
Address: 5922 AMBERWOOD DR
City-St-Zip: NAPLES, FL 34110 US

Title: PFT () Delete
Name: VICKERS, MARI-ELEAN
Address: 17010 PORTA VECCHIO WAY #102
City-St-Zip: NAPLES, FL 34110 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: JUSTIZ, JANICE
Address: 9330 SUMMER PLACE
City-St-Zip: NAPLES, FL 34109 US

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: FT (X) Change () Addition
Name: HOCHMAN, KIMBERLY
Address: 5922 AMBERWOOD DR
City-St-Zip: NAPLES, FL 34110 US

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: KIMBERLY HOCHMAN

FT

04/22/2008

Electronic Signature of Signing Officer or Director

Date