

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N28707

FILED  
Mar 17, 2009  
Secretary of State

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

**Current Principal Place of Business:**

5922 AMBERWOOD DRIVE  
NAPLES, FL 34110 US

**New Principal Place of Business:**

1148 GOODLETTE ROAD NORTH  
NAPLES, FL 34102 US

**Current Mailing Address:**

5922 AMBERWOOD DRIVE  
NAPLES, FL 34110 US

**New Mailing Address:**

1148 GOODLETTE ROAD NORTH  
NAPLES, FL 34102 US

FEI Number: 65-0091608

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

HOCHMAN, KIMBERLY  
5922 AMBERWOOD DRIVE  
NAPLES, FL 34110 US

**Name and Address of New Registered Agent:**

HOCHMAN, KIMBERLY W  
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

03/17/2009

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: JUSTIZ, JANICE  
Address: 9330 SUMMER PLACE  
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: HOCHMAN, 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: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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: ( ) 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: KIMBERLY HOCHMAN

FT

03/17/2009

Electronic Signature of Signing Officer or Director

Date