

# 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N28707

FILED  
Apr 30, 2012  
Secretary of State

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

**Current Principal Place of Business:**

1148 GOODLETTE ROAD NORTH  
NAPLES, FL 34102 US

**New Principal Place of Business:**

**Current Mailing Address:**

1148 GOODLETTE ROAD NORTH  
NAPLES, FL 34102 US

**New Mailing Address:**

FEI Number: 65-0091608

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

CROSS, MARY F  
8640 BLUE FLAG WAY  
NAPLES, FL 34109 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: P  
Name: GROSSMAN, WENDY  
Address: 6690 BOTTLE BRUSH LANE  
City-St-Zip: NAPLES, FL 34109 US

Title: PP  
Name: AGARWAL, ADITI  
Address: 9314 LA BIANCO STREET  
City-St-Zip: ESTERO, FL 33967 US

Title: V  
Name: JAY, KRISTINA  
Address: 7528 TREELINE DRIVE  
City-St-Zip: NAPLES, FL 34119 US

Title: T  
Name: PETRITES, MICHELE  
Address: 27285 ARROYAL ROAD  
City-St-Zip: BONITA SPRINGS, FL 34135 US

Title: FT  
Name: CROSS, MARY  
Address: 8640 BLUE FLAG WAY  
City-St-Zip: NAPLES, FL 34110 US

Title: PFT  
Name: HOCHMAN, KIMBERLY  
Address: 5922 AMBERWOOD DRIVE  
City-St-Zip: NAPLES, FL 34110 US

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: MARY CROSS

FT

04/30/2012

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date