


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 28, 2008 8:00 am
Secretary of State

02-28-2008 90020 017 ****61.25

DOCUMENT # N98000003934 1. Entity Name RETIRED PHYSICIANS ASSOCIATION OF COLLIER COUNTY, INC.					
Principal Place of Business THE FLORESTA BLDG 700 ELEVENTH ST S NAPLES FL 34102				Mailing Address P.O. BOX 884 NAPLES FL 34106-0884	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 59-3521642 <div style="float: right;"> <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable </div>	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required					
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
AUSTIN, ARLENE F THE FLORESTA BLDG 700 ELEVENTH ST S NAPLES FL 34102				Name	
				Street Address (P.O. Box Number is Not Acceptable)	
				City	
				<div style="display: flex; justify-content: space-between;"> FL Zip Code </div>	
8. 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> <div style="float: right;">DATE</div>					
FILE NOW: FEE IS \$61.25 Due By May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
				Make Check Payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	S <input type="checkbox"/> Delete		TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	PAYNE, THOMAS C MD		NAME	MOGHISSI, KAMRAN MD	
STREET ADDRESS	460 LAUNCH CIRCLE		STREET ADDRESS	Box 336 4301 GULF SHORE BLVD N #1901	
CITY-ST-ZIP	NAPLES FL 34108		CITY-ST-ZIP	NAPLES, FL 34103	
TITLE	P <input checked="" type="checkbox"/> Delete		TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	FULLERSTON, RICHARD MD		NAME	STOLEE, THOMAS M.D	
STREET ADDRESS	274321 ARBOR STRAND DR		STREET ADDRESS	800 SOUTH HEATHWOOD DR.	
CITY-ST-ZIP	BONITA SPRINGS FL 34134		CITY-ST-ZIP	MARCO, ISLAND, FL 34145	
TITLE	D <input type="checkbox"/> Delete		TITLE	VD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	KEMPERS, ROGER MD		NAME	KEMPERS, ROGER MD	
STREET ADDRESS	3971 GULF SHORE BLVD N #602		STREET ADDRESS	3971 GULF SHORE BLVD N #602	
CITY-ST-ZIP	NAPLES FL 34103		CITY-ST-ZIP	NAPLES, FL 34103	
TITLE	VD <input type="checkbox"/> Delete		TITLE	P <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	JANICEK, DON MD		NAME	JANICEK, DON MD	
STREET ADDRESS	3006 VIA PALMA		STREET ADDRESS	3006 VIA PALMA	
CITY-ST-ZIP	NAPLES FL 34109		CITY-ST-ZIP	NAPLES, FL 34109	
TITLE	D <input type="checkbox"/> Delete		TITLE		
NAME	JAFJE, STANLEY MD		NAME		
STREET ADDRESS	8468 ABINGTON CIRCLE		STREET ADDRESS		
CITY-ST-ZIP	NAPLES FL 34108		CITY-ST-ZIP		
TITLE	T <input type="checkbox"/> Delete		TITLE		
NAME	TALIS, GEORGE J MD		NAME		
STREET ADDRESS	3400 GULF SHORE BLVD N M-6		STREET ADDRESS		
CITY-ST-ZIP	NAPLES FL 34103		CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: George J. Talis **GEORGE J. TALIS** 02-18-08 263-7422 (239)