

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N98000003934

FILED  
Jan 29, 2009  
Secretary of State

**Entity Name:** RETIRED PHYSICIANS ASSOCIATION OF COLLIER COUNTY, INC.

**Current Principal Place of Business:**

THE FLORESTA BLDG  
700 ELEVENTH ST S  
NAPLES, FL 34102

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 884  
NAPLES, FL 341060884

**New Mailing Address:**

**FEI Number:** 59-3521642

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

AUSTIN, ARLENE F  
THE FLORESTA BLDG  
700 ELEVENTH ST S  
NAPLES, FL 34102 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: S ( ) Delete  
Name: PAYNE, THOMAS C MD  
Address: 460 LAUNCH CIRCLE  
City-St-Zip: NAPLES, FL 34108

Title: D ( ) Delete  
Name: STOLEE, THOMAS MD  
Address: 800 SOUTH HEATHWOOD DR  
City-St-Zip: MARCO ISLAND, FL 34145

Title: VD ( ) Delete  
Name: KEMPERS, ROGER MD  
Address: 3971 GULF SHORE BLVD #602  
City-St-Zip: NAPLES, FL 34103

Title: P ( ) Delete  
Name: JANICEK, DON MD  
Address: 3006 VIA PALMA  
City-St-Zip: NAPLES, FL 34109

Title: D ( ) Delete  
Name: JAFFE, STANLEY MD  
Address: 8468 ABINGTON CIRCLE  
City-St-Zip: NAPLES, FL 34108

Title: T ( ) Delete  
Name: TALIS, GEORGE J MD  
Address: 3400 GULF SHORE BLVD N M-6  
City-St-Zip: NAPLES, FL 34103

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

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

Title: P (X) Change ( ) Addition  
Name: KEMPERS, ROGER MD  
Address: 3971 GULF SHORE BLVD #602  
City-St-Zip: NAPLES, FL 34103

Title: D (X) Change ( ) Addition  
Name: JANICEK, DON MD  
Address: 3006 VIA PALMA  
City-St-Zip: NAPLES, FL 34109

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: GEORGE J. TALIS

T

01/29/2009

Electronic Signature of Signing Officer or Director

Date