

# 2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N98000003934

FILED  
Apr 17, 2010  
Secretary of State

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

**Current Principal Place of Business:**

970 CAPE MARCO DRIVE - UNIT #2302  
MARCO ISLAND, FL 34145

**New Principal Place of Business:**

**Current Mailing Address:**

970 CAPE MARCO DRIVE - UNIT #2302  
MARCO ISLAND, FL 34145

**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  
6312 TRAIL BLVD.  
NAPLES, FL 34108 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: PAYNE, THOMAS C MD  
Address: 460 LAUNCH CIRCLE  
City-St-Zip: NAPLES, FL 34108

Title: S  
Name: FIESELMAN, DAVID MD  
Address: 970 CAPE MARCO DRIVE, #2302,  
City-St-Zip: MARCO ISLAND, FL 34145

Title: D  
Name: JAFFE, STANLEY MD  
Address: 7425 PELICAN BAY BLVD., #303,  
City-St-Zip: NAPLES, FL 34108

Title: T  
Name: STEWART, STEELE MD  
Address: 100 GLENVIEW PLACE, #511  
City-St-Zip: NAPLES, FL 34108

Title: D  
Name: MOGHISSI, KAM MD  
Address: 4301 GULF SHORE BLVD., #1901  
City-St-Zip: NAPLES, FL 34103

Title: D  
Name: SCHWERHA, JOSEPH J MD  
Address: 4126 BELAIR LANE, #A1  
City-St-Zip: NAPLES, FL 34103

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: STEELE F. STEWART, JR., MD

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04/17/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date