2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 23, 2012
Secretary of State

DOCUMENT# N98000003934

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

Current Principal Place of Business:

100 GLENVIEW PLACE
#511
NAPLES, FL 34108

New Principal Place of Business:

RETIRED PHYSICIANS ASSOCIATION OF COLLIER
199 SOCIETY CT
MARCO ISLAND, FL 34145

Current Mailing Address:

100 GLENVIEW PLACE
#511
NAPLES, FL 34108

New Mailing Address:

RETIRED PHYSICIANS ASSOCIATION OF COLLIER
P.O. BOX 884
NAPLES, FL 34106 08

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: D
Name: PAYNE, THOMAS C MD
Address: 460 LAUNCH CIRCLE, #501
City-St-Zip: NAPLES, FL 34108

Title: S
Name: MORSCH, PETRONELLA MD
Address: 199 SOCIETY COURT
City-St-Zip: MARCO ISLAND, FL 34145

Title: T
Name: ROBERT, HOLLADAY L MD
Address: 7725 PEBBLE CREEK CIRCLE, #302
City-St-Zip: NAPLES, FL 34108

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

Title: D
Name: BOBRUFF, JEROME MD
Address: 7928 TIGER LILLY DR.
City-St-Zip: NAPLES, FL 34113

Title: D
Name: PHELAN, JOHN P MD
Address: 265 INDIES WAY, APT 1101
City-St-Zip: NAPLES, FL 34110

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: ROBERT L. HOLLADAY, M.D. T 04/23/2012

Electronic Signature of Signing Officer or Director Date