2005 NOT-FOR-PROFIT CORPORATION

ANNUAL REPORT

DOCUMENT # N98000006024

NAPLES JEWISH CENTER, INC.

Principal Place of Business

BLOCK9; GILBERT MR

APT 504

836 REGENCY RESERVE DR



Name

6340 10TH AVE SW 6340 10TH AVE SW NAPLES, FL 34116 NAPLES, FL 34116 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. City & State City & State Zip Country Country

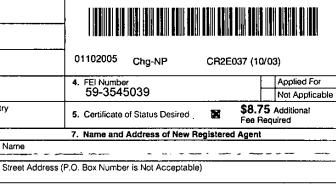
6. Name and Address of Current Registered Agent

Mailing Address

FILED Apr 11, 2005 8:00 am Secretary of State

04-11-2005 90189 044 ****70.00

50036407



City		FL	Zip Code	
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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE				
in Financing bution.			te	
11.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10			
TITLE NAME STREET ADDRESS CITY-ST-ZIP] Change	Addition
TITLE. NAME STREET ADORESS CITY-ST-ZIP		C] Change	Addition
		CANE DR. # 101	▲ Change	Addition
TITLE NAME STREET ADDRESS	SAFRON, R.	RIVER PLACE	•	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP				Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	in Section 119 07/2V/3 E			Addition
	Tered office or restered Agent signature in Financing dution. 1. ITTLE ITTLE	tered office or registered agent, or both, in tered Agent signature required when reinstating) In Financing S5.00 May Be Added to Fees 1. ADDITIONS/CHANG ITTLE HAME STREET ADDRESS CITY-ST-ZIP ITTLE HAME STREET ADDRESS CITY-ST-ZIP	The tered office or registered agent, or both, in the State of Florida. I am fan tered agent signature required when reinstating) DATE The financing street added to Fees and Direct added to Fees and Direct added to Fees are signature. The financing added to Fees and Direct added to Fees and Di	tered office or registered agent, or both, in the State of Florida. I am familiar with, an tered Agent signature required when reinstating) DATE The provided State of Florida. I am familiar with, an an interest agent in the State of Florida. I am familiar with, an an interest agent in the State of Florida. I am familiar with, an an interest agent in the State of Florida Department of Florida Depart

of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes: and 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.

16/05

239)410-3495