2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 08, 2008
Secretary of State

DOCUMENT# P00000025929

Entity Name: NAPLES HEALTH CARE SPECIALISTS, INC.

Current Principal Place of Business:

125 AVIATION DRIVE
SUITE 201
NAPLES, FL 34104

New Principal Place of Business:

150 AVIATION DRIVE
SUITE 201
NAPLES, FL 34104

Current Mailing Address:

125 AVIATION DRIVE
SUITE 201
NAPLES, FL 34104

New Mailing Address:

150 AVIATION DRIVE
SUITE 201
NAPLES, FL 34104

FEI Number: 65-0992582 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SPIEGEL & UTRERA, P.A.
343 ALMERIA AVENUE
CORAL GABLES, FL 33134 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

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PRES ( ) Delete
Name: MOJAVE, CAROL S
Address: 925 NEW WATERFORD DR. #101
City-St-Zip: NAPLES, FL 34104

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CAROL S MOJAVE PRES 01/08/2008

Electronic Signature of Signing Officer or Director Date