

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 07, 2005 08:00 AM
Secretary of State

DOCUMENT # P00000026003

1. Entity Name
FAMILY MEDICINE OF NAPLES, P.A.



Principal Place of Business

**90 CYPRESS WAY
SUITE 10
NAPLES, FL 34110**

Mailing Address

**P.O. BOX 111029
NAPLES, FL 34108**



D1172005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3632308

Applied For
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**ALESSI, PATRICIA A
90 CYPRESS WAY EAST
STE 10
NAPLES, FL 34110**

**DO NOT WRITE
IN THIS SPACE**

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 resigning)

DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE PD
NAME ALESSI, PATRICIA A DO
STREET ADDRESS 677 MYRTLE RD.
CITY-ST-ZIP NAPLES, FL 34108

TITLE ST
NAME ALESSI, ALBERT G DO
STREET ADDRESS 677 MYRTLE RD.
CITY-ST-ZIP NAPLES, FL 34108

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
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CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 of trustee empowered to execute this report as required by Chapter 607, 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.

SIGNATURE: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/18/05 639/591-8922