

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000026003

FILED
Jan 10, 2006
Secretary of State

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

Current Principal Place of Business:

90 CYPRESS WAY
SUITE 10
NAPLES, FL 34110

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 111029
NAPLES, FL 34108

New Mailing Address:

FEI Number: 59-3632308

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ALESSI, PATRICIA A
90 CYPRESS WAY EAST
STE 10
NAPLES, FL 34110 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: PD () Delete
Name: ALESSI, PATRICIA A DO
Address: 677 MYRTLE RD.
City-St-Zip: NAPLES, FL 34108

Title: ST () Delete
Name: ALESSI, ALBERT G DO
Address: 677 MYRTLE RD.
City-St-Zip: NAPLES, FL 34108

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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: BECKY NOLSN

MGR

01/10/2006

Electronic Signature of Signing Officer or Director

Date