

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 19, 2004 8:00 am
Secretary of State

04-19-2004 90737 024 ***150.00

DOCUMENT # P00000110309

1. Entity Name

RPH OF NAPLES, INC.



Principal Place of Business

6020 24TH AVE NW
NAPLES FL 34119

Mailing Address

6020 24TH AVE NW
NAPLES FL 34119

2. Principal Place of Business

5645 STRAND BLVD

Suite, Apt. #, etc.

SUITE 3

3. Mailing Address

5645 STRAND BLVD

Suite, Apt. #, etc.

SUITE 3

City & State

NAPLES, FL

City & State

NAPLES, FL

Zip

34110

Country

USA

Zip

34110

Country

USA

4. FEI Number

65-1094049

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

NAPLES-LAWDOCK, INC.
4501 TAMiami TRAIL NORTH
SUITE 300
NAPLES FL 34103

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

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

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution.

☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE P ☐ Delete
NAME HARDY, ROBERT PAUL
STREET ADDRESS 5692 STRAND CT #1
CITY-ST-ZIP NAPLES FL 34110

TITLE VPST ☒ Delete
NAME TOLSON, RENEE
STREET ADDRESS 5692 STRAND CT #1
CITY-ST-ZIP NAPLES FL 34110

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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 or 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:

Garth Lawton
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/15/04 239 593 3883
Date Daytime Phone #