

2006 FOR PROFIT CORPORATION  
ANNUAL REPORT

**FILED**  
**Mar 31, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # P03000005401**  
1. Entity Name  
NAPLES SURGICAL ASSOCIATES, P.A.



Principal Place of Business      Mailing Address  
311 9TH ST. NORTH      311 9TH ST. NORTH  
308      308  
NAPLES, FL 34102      NAPLES, FL 34102

**DO NOT WRITE IN THIS SPACE**



03142006    No Chg-P    CR2E034 (11/05)

4. FEI Number 32-0057272	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  
  
WESTMAN, CARL  
3003 TAMiami TRl. NORTH  
NAPLES, FL 34103

**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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating)      DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

**FILE NOW!!! FEE IS \$150.00**  
After May 1, 2006 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution.        \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P LAMON, DAVID J 1878 MISSION DR. NAPLES, FL 34109
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

000000486586  
04/13/06-80044-012 150.00

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:** \_\_\_\_\_      3/28/06      (239) 417-0085  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #