

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 01, 2006 08:00 AM
Secretary of State

DOCUMENT # P04000040357



1. Entity Name
GERIATRIC INSTITUTE OF NAPLES INC.

Principal Place of Business
**GULF COAST MEDICAL ARTS CENTER
1890 SW HEALTH PKWY, STE 1C
NAPLES, FL 34109**

Mailing Address
**GULF COAST MEDICAL ARTS CENTER
1890 SW HEALTH PKWY, STE 1C
NAPLES, FL 34109**



01202006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
34-1982977

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional
Fee Required

6. Name and Address of Current Registered Agent

**BOLLA, LEEA R
5995 10TH AVE SW
NAPLES, FL 34116**

**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 reinstalling)

DATE

**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
**D
BOLLA, LEEA R
5995 10TH AVE SW
NAPLES, FL 34116**

TITLE
NAME
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CITY-ST-ZIP

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1100000414865
02/11/06-80054-016 150.00

**DO NOT WRITE
IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/30/06
Date

Daytime Phone #