

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000076431

FILED
Apr 26, 2007
Secretary of State

Entity Name: WOMEN'S AND CHILDREN'S PHYSICIANS OF NAPLES, P.A.

Current Principal Place of Business:

2338 IMMOKALEE ROAD
STE. 152
NAPLES, FL 341101445

New Principal Place of Business:

Current Mailing Address:

2338 IMMOKALEE ROAD
STE. 152
NAPLES, FL 341101445

New Mailing Address:

FEI Number: 20-2910542 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

FOWLER WHITE BOGGS BANKER P.A.
5811 PELICAN BAY BLVD
STE. 600
NAPLES, FL 34108 US

Name and Address of New Registered Agent:

MOREY, JAMES F ESQ.
2210 VANDERBILT BEACH ROAD
SUITE 1201
NAPLES, FL 34109 US

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: JAMES F. MOREY 04/26/2007

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DPST () Delete
Name: FOLEY, LOUIS F
Address: 2338 IMMOKALEE ROAD, STE. 152
City-St-Zip: NAPLES, FL 341101445

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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: LOUIS F. FOLEY DSPT 04/26/2007

Electronic Signature of Signing Officer or Director Date