

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000078577

FILED
Apr 30, 2008
Secretary of State

Entity Name: COLLIER MEDICAL SPECIALISTS, INC.

Current Principal Place of Business:

126 OLIVER HEIGHTS ROAD
OWINGS MILLS, MD 21117

New Principal Place of Business:

6615 HILLWAY CIRCLE
SUITE 200
NAPLES, FL 34112

Current Mailing Address:

126 OLIVER HEIGHTS ROAD
OWINGS MILLS, MD 21117

New Mailing Address:

6615 HILLWAY CIRCLE
SUITE 200
NAPLES, FL 34112

FEI Number: **FEI Number Applied For ()** **FEI Number Not Applicable (X)** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

INNER CIRCLE ADVISORS, LLC.
3400 NE 192ND STREET
SUITE 601
AVENTURA, FL 33180 US

Name and Address of New Registered Agent:

RAJANI, RAJEEV P DIR
6615 HILLWAY CIRCLE
SUITE 200
NAPLES, FL 34112 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: RAJEEV P. RAJANI

04/30/2008

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: RAJANI, RAJEEV P
Address: 126 OLIVER HEIGHTS ROAD
City-St-Zip: OWINGS MILLS, MD 21117 US

Title: DIR (X) Delete
Name: RAJANI, RAJEEV P
Address: 126 OLIVER HEIGHTS ROAD
City-St-Zip: OWINGS MILLS, MD 21117 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DIR (X) Change () Addition
Name: RAJANI, RAJEEV P
Address: 6615 HILLWAY CIRCLE, SUITE 200
City-St-Zip: NAPLES, FL 34112 US

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

I hereby certify that the information supplied with this filing does not qualify 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: RAJEEV P. RAJANI

DIR

04/30/2008

Electronic Signature of Signing Officer or Director

Date