FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P93000084503 (0)

1. Corporation Name

COLLIER MEDICAL ASSOCIATES, P.A.

Principal Place of Business	Mailing Address
850 CENTRAL AVE. SUITE 301 NAPLES FL 33940	850 CENTRAL AVENUE #00 NAPLES FL 33940 US

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip / County 24 / 25	Zip / County 29 / 30

3. Date Incorporated or Qualified **11/12/1993**	3a. Date of Last Report **04/26/1995**
4. FEI Number **65-0438817**	☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐	**$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐	**$5.00** May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☑ Yes ☐ No	

9. Name and Address of Current Registered Agent

LIGHT, LEE R M.D.
850 CENTRAL AVE.
SUITE 301
NAPLES FL 33940

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and I accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ (Title if Applicable) _____ DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	☐ DELETE	11	D	☐ Change ☒ Addition
NAME	LIGHT, LEE R M.D.		12 NAME	Karla Seibert, M.D.	
STREET ADDRESS	850 CENTRAL AVE., #301		13 STREET ADDRESS	11181 Health Park Blvd. # 1170	
CITY-ST-ZIP	NAPLES FL 33940		14 CITY-ST-ZIP	Naples, FL 33942	
TITLE	D	☒ DELETE	21	D	☐ Change ☒ Addition
NAME	KOERPER, CONRAD M.D.		22 NAME	Janet Polito, D.O.	
STREET ADDRESS	850 CENTRAL AVE., #301		23 STREET ADDRESS	11181 Health Park Blvd. # 1170	
CITY-ST-ZIP	NAPLES FL 33940		24 CITY-ST-ZIP	Naples, FL 33942	
TITLE	D	☐ DELETE	31	D	☐ Change ☒ Addition
NAME	FRANCIS, PHILLIP M.D.		32 NAME	Anthony Williamitis, M.D.	
STREET ADDRESS	681 GOODLETTE RD. NORTH, #230		33 STREET ADDRESS	9200 Bonita Beach Road # 105	
CITY-ST-ZIP	NAPLES FL 33940		34 CITY-ST-ZIP	Bonita Springs, FL 33923	
TITLE	D	☐ DELETE	41	D	☐ Change ☒ Addition
NAME	KOOP, HERMES M.D.		42 NAME	Kathleen Broderick, M.D.	
STREET ADDRESS	681 GOODLETTE RD. NORTH, #230		43 STREET ADDRESS	800 Goodlette Road N. # 260	
CITY-ST-ZIP	NAPLES FL 33940		44 CITY-ST-ZIP	Naples, FL 33940	
TITLE	D	☐ DELETE	51	D	☐ Change ☒ Addition
NAME	ZAMPOGNA, ANTONINO M.D.		52 NAME	Eugene Finan, M.D.	
STREET ADDRESS	130 TAMIAMI TRAIL NORTH, #120		53 STREET ADDRESS	11181 Health Park Blvd. # 2275	
CITY-ST-ZIP	NAPLES FL 33940		54 CITY-ST-ZIP	Naples, FL 33942	
TITLE	D	☐ DELETE	61	D	☐ Change ☒ Addition
NAME	LAZ, ANDRE M.D.		62 NAME	Bruce Bridewell, M.D.	
STREET ADDRESS	201 8TH ST. SOUTH, #304		63 STREET ADDRESS	4061 Bonita Beach Road #103	
CITY-ST-ZIP	NAPLES FL 33940		64 CITY-ST-ZIP	Bonita Springs, FL 33923	

CR2E034 (12/95)

14. I do hereby certify that the information supplied with this filing 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 12 or Block 13 if changed, or added in the attachment with an address.

SIGNATURE: Lee R. Light MD 2/2/96 941 649 2288

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone Number