

**FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00**

1063

PROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**FILED**  
 97 AUG 12 PH 4: 14  
 SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

**DOCUMENT # P93000084503**  
 1. Corporation Name  
**Collier Medical Associates, P.A.**

Principal Place of Business <b>850 Central Ave Suite 301 Naples, FL 34102</b>	Mailing Address <b>850 Central Ave Suite 301 Naples, FL 34102</b>
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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3. Date Incorporated or Qualified <b>11/12/93</b>	3a. Date of Last Report <b>4-26-96</b>
4. FEI Number <b>65-0438817</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

**9. Name and Address of Current Registered Agent**  
**Light, Lee R. M.D.**  
**850 Central Ave**  
**Suite 301**  
**Naples, FL 34102**

**10. Name and Address of New Registered Agent**

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
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 accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when re-registering) DATE \_\_\_\_\_

**12. OFFICERS AND DIRECTORS**

TITLE	D/P	<input type="checkbox"/> DELETE
NAME	Light, Lee R. M.D.	
STREET ADDRESS	850 Central Ave. Ste 301	
CITY-ST-ZIP	Naples, FL 34102	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	Koerper, Conrad M.D.	
STREET ADDRESS	850 Central Ave Ste 301	
CITY-ST-ZIP	Naples, FL 34102	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	Francis, Phillip M.D.	
STREET ADDRESS	681 Goodlette Rd North Ste 230	
CITY-ST-ZIP	Naples, FL 34102	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	Koop, Francis M.D.	
STREET ADDRESS	681 Goodlette Rd. North Ste 230	
CITY-ST-ZIP	Naples, FL 34102	
TITLE	D	<input type="checkbox"/> DELETE
NAME	Zampogna, Antonino MD	
STREET ADDRESS	130 Tamiami Trail N. # 100	
CITY-ST-ZIP	Naples, FL 34102	
TITLE	D	<input type="checkbox"/> DELETE
NAME	Laz, Andre MD	
STREET ADDRESS	201 8th St South #304	
CITY-ST-ZIP	Naples, FL 34102	

**13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12**

11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	<b>900002271069--4</b>
13 STREET ADDRESS	<b>-08/19/97--01036--020</b>
14 CITY-ST-ZIP	<b>****165.00 ****165.00</b>
21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	
24 CITY-ST-ZIP	
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY-ST-ZIP	
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY-ST-ZIP	
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY-ST-ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13, unchanged, or by an attachment with an address.

**SIGNATURE:** \_\_\_\_\_ DATE: \_\_\_\_\_ DAYTIME PHONE #: \_\_\_\_\_

CR2E034 (9/96)

2013

Changes for Collier Medical Associates, P.A.

ADDRESS CHANGES

Karla Seibert, M.D.  
90 Cypress Way E. Ste #10  
Naples, FL 34110

Janet Polito, D.O.  
90 Cypress Way E. Ste #10  
Naples, FL 34110

Kathleen Broderick, M.D.  
850 Central Ave. Ste #302  
Naples, FL 34102

Bruce Bridewell, M.D.  
26800 Tamiami Trail S. Ste #220  
Bonita Springs, FL 34135

ADDITIONS TO THE GROUP

Anthony D'Agostino, M.D.  
130 Tamiami Trail N. Ste #120  
Naples, FL 34102

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P.93000084503

**COLLIER MEDICAL ASSOCIATES**

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Telephone (941) 649-2288  
Fax (941) 263-8189

681 GOODLETTE RD. N STE 140  
NAPLES, FL 34102

July 22, 1997

Division of Corporations  
Annual Reports Section  
P.O. Box 6327  
Tallahassee, Fl 32314

Dear Sirs;

It has come to our attention that we did not receive the 1997 packet to file for Collier Medical Associates. Please accept the enclosed check in the amount \$165 as payment in full for our 1997 corporation filing as per Shawn Logan. If you have any questions please contact me at (941) 261-1776.

Sincerely;



Dawn Wagner