FILE NOW: FILING FEE AFTER MAY 1ST IS $550.00

FILED
Feb 16 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT
1998

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 34102	850 CENTRAL AVE. SUITE 301 NAPLES FL 34102

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 11/12/1993	
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 owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☐ No	

21 Principal Street Address	26 Mailing Street Address
681 Goodlette Rd. N.	681 Goodlette Rd. N.
22 Suite, Apt. # or Bldg.	27 Suite, Apt. # or Bldg.
Suite 140	Suite 140
23 City & State	28 City & State
Naples, FL	Naples, FL
24 Zip: 34102 — 25 Country: Collier	29 Zip: 34102 — 30 Country: Collier

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: Elaine Lucas
82 Street Address (P.O. Box Number Is Not Acceptable): 3411 Tamiami Trail N.
83 Suite 204
84 City: Naples — FL — 85 Zip Code: 34103

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: Elaine Lucas — 1/26/98
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) — DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DP LIGHT, LEE R M.D. 850 CENTRAL AVE., #301 NAPLES FL 34102	☐ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	d Anthony Williamitis, M.D. 9200 Bonita Beach RD. #105 Bonita Springs, FL 34135	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D KOERPER, CONRAD MD 850 CENTRAL AVE., #301 NAPLES FL 34102	☒ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	D Robert Kalett, M.D. 681 Goodlette Rd. N.#110 Naples, FL 34102	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D FRANCIS, PHILLIP M.D. 681 GOODLETTE RD. NORTH, #230 NAPLES FL 34102	☒ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP	D Eugene T. FInan, M.D. 11181 Health Park Blvd.#2275 Naples, FL 34110	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D KOOP, FRANCIS M.D. 681 GOODLETTE RD. NORTH, #230 NAPLES FL 34102	☒ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D ZAMPOGNA, ANTONINO M.D. 130 TAMIAMI TRAIL NORTH, #120 NAPLES FL 34102	☐ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D LAZ, ANDRE M.D. 201 8TH ST. SOUTH, #304 NAPLES FL 34102	☒ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP		☐ Change ☐ Addition

CR2E034 (10/97)

14. I 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 if changed, or on an attached sheet with an address.

SIGNATURE: Lee R Light — 2-5-98 — 941-262-1833
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #