

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

FILED
Apr 12, 1999 8:00 am
Secretary of State

04-12-1999 90043 021 ***150.00

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PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P93000084503

1. Corporation Name
COLLIER MEDICAL ASSOCIATES, P.A.



Principal Place of Business 681 GOODLETTE RD. N. SUITE 140 NAPLES FL 34102 US	Mailing Address 681 681 GOODLETTE RD. N. SUITE 140 NAPLES FL 34102 US
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DO NOT WRITE IN THIS SPACE

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

3. Date Incorporated or Qualified 11/12/1993	Applied For Not Applicable
4. FEI Number 65-0438817	
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation owes the current year Intangible Personal Property Tax. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

LUCAS, ELAINE
1411 TAMAMI TRAIL N.
SUITE 204
NAPLES FL 34103

10. Name and Address of New Registered Agent

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

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	DP	<input type="checkbox"/> DELETE
NAME	LIGHT, LEE R M.D.	
STREET ADDRESS	850 CENTRAL AVE., #301	
CITY-ST-ZIP	NAPLES FL 34102	
TITLE	D	<input type="checkbox"/> DELETE
NAME	WILLIAMITIS, ANTHONY M.D.	
STREET ADDRESS	9200 BONITA BEACH RD. #105	
CITY-ST-ZIP	BONITA SPRINGS FL 34135	
TITLE	D	<input type="checkbox"/> DELETE
NAME	KALETT, ROBERT M.D.	
STREET ADDRESS	618 GOODLETTE RD. N. #110	
CITY-ST-ZIP	NAPLES FL 34102	
TITLE	D	<input type="checkbox"/> DELETE
NAME	ZAMPOGNA, ANTONINO M.D.	
STREET ADDRESS	130 TAMAMI TRAIL NORTH, #120	
CITY-ST-ZIP	NAPLES FL 34102	
TITLE	D	<input type="checkbox"/> DELETE
NAME	FINAN, EUGENE T. M.D.	
STREET ADDRESS	11181 HEALTH PARK BLVD. #2275	
CITY-ST-ZIP	NAPLES FL 34110	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(j), 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 attachment with an address, with all other like empowered.

SIGNATURE: *Lee R Light* **REQUIRED** *3/1/99*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/98)