

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P93000084503

1. Entity Name

COLLIER MEDICAL ASSOCIATES, P.A.

FILED
Apr 19, 2000 8:00 am
Secretary of State

04-19-2000 90089 011 ***150.00

Principal Place of Business 681 GOODLETTE RD. N. SUITE 140 NAPLES FL 34102 US	Mailing Address 618 GOODLETTE RD. N. SUITE 140 NAPLES FL 34102-5642 US
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address 681 Goodlette Rd N Suite 140
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DO NOT WRITE IN THIS SPACE

City & State	City & State	4. FEI Number 65-0438817	Applied For <input type="checkbox"/> Not Applicable
Zip	Country	Zip	Country

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

LUCAS, ELAINE
 1411 TAMiami TRAIL N. ~~3300 S Tamiami Trl~~
 SUITE 204
 NAPLES FL 34103 ~~33113~~

7. Name and Address of New Registered Agent

Name: Mike McArdle
 Street Address (P.O. Box Number is Not Acceptable):
 850 Park Shore Drive, 3rd Floor
 City: Naples FL Zip Code: 34103

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

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP LIGHT, LEE R M.D. 850 CENTRAL AVE., #301 NAPLES FL 34102 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WILLIAMITIS, ANTHONY M.D. 9200 BONITA BEACH RD. #105 BONITA SPRINGS FL 34135 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Terrance Johnson MD 4685 Tamiami Trail North Naples, FL 34103 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KALETT, ROBERT M.D. 618 GOODLETTE RD. N. #110 NAPLES FL 34102 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	-681 Goodlette Rd N: #140- <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ZAMPOGNA, ANTONINO M.D. 130 TAMiami TRAIL NORTH, #120 NAPLES FL 34102 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FINAN, EUGENE T. M 11181 HEALTH PARK BLVD. #2275 NAPLES FL 34110 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

13. 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address with all other like empowered.

SIGNATURE: *[Signature]* DATE: 1/20/00 DAYTIME PHONE #: 649 2288