FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED
95 APR 26 AM 7:22
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P94000047750 (2)

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

Principal Place of Business	Mailing Address
C/O RALPH ARWOOD, M.D. 2335 TAMIAMI TRAIL N. NAPLES FL 33940	C/O RALPH ARWOOD, M.D. 2335 TAMIAMI TRAIL N. NAPLES FL 33940

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 06/20/1994
3a. Date of Last Report:

2. Principal Place of Business
21: 2335 Tamiami Tr. No.
Suite, Apt. #, etc. 22: 501
City & State 23: Naples, FL
Zip 24: 33940 Country 25: USA

2a. Mailing Address
26: 2335 Tamiami Tr. No.
Suite, Apt. #, etc. 27: 501
City & State 28: Naples, FL
Zip 29: 33940 Country 30: USA

4. FEI Number: 65-0503045 ☐ 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

9. *This corporation has liability for intangible tax under S. 199.032, Florida Statutes* ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

ARWOOD, RALPH
2335 TAMIAMI TRAIL N.
NAPLES FL 33940

10. Name and Address of New Registered Agent

81 Name: RALPH ARWOOD
82 Street Address (P.O. Box Number is Not Acceptable): 2335 TAMIAMI TR. NO. #501
83:
84 City: NAPLES FL 85 Zip Code: 33940

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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	11 TITLE	☐ Change ☐ Addition
NAME	ARWOOD, RALPH	12 NAME	
STREET ADDRESS	2335 TAMIAMI TRAIL N.	13 STREET ADDRESS	2335 TAMIAMI TR. NO. #501
CITY-ST-ZIP	NAPLES FL 33940	14 CITY-ST-ZIP	NAPLES, FL 33940
TITLE	D	21 TITLE	☐ Change ☐ Addition
NAME	COURINGTON, KENNETH R	22 NAME	
STREET ADDRESS	2335 TAMIAMI TRAIL N.	23 STREET ADDRESS	2335 TAMIAMI TR. NO. #501
CITY-ST-ZIP	NAPLES FL 33940	24 CITY-ST-ZIP	NAPLES, FL 33940
TITLE	D	31 TITLE	☐ Change ☐ Addition
NAME	JORDAN, JACOB H	32 NAME	
STREET ADDRESS	2335 TAMIAMI TRAIL N.	33 STREET ADDRESS	2335 TAMIAMI TR. NO. #501
CITY-ST-ZIP	NAPLES FL 33940	34 CITY-ST-ZIP	NAPLES, FL 33940
TITLE		41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY-ST-ZIP		44 CITY-ST-ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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 attachment with an address.

SIGNATURE: _____ 8/3/263-0011
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0326340 CP