

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 08, 2002 8:00 am
Secretary of State

04-08-2002 90065 019 ***150.00

DOCUMENT # P95000074414

1. Entity Name

NORTH NAPLES PHYSICIANS CARE CENTER, INC.

Principal Place of Business

**9975 TAMiami TRAIL NORTH
 SUITE 1
 NAPLES FL 33963
 US**

Mailing Address

**9975 TAMiami TRAIL NORTH
 SUITE 1
 NAPLES FL 33963
 US**

2. Principal Place of Business

1713 SW HEALTH PARK WAY

3. Mailing Address

1713 SW HEALTH PARK WAY

Suite, Apt. #, etc.

SUITE #1

City & State

NAPLES, FL

4. FEI Number

65-0612528

Applied For

Not Applicable

Zip
34109

Country

USA

Zip
34109

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

**MCGANN, ROBERT C
 9975 TAMiami TRAIL NORTH
 SUITE 1
 NAPLES FL 33963**

7. Name and Address of New Registered Agent

Name **MCGANN, ROBERT C.**

Street Address (P.O. Box Number is Not Acceptable)

1713 SW HEALTH PARK WAY, SUITE #1

City **NAPLES**

FL

Zip Code

34109

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 **x Robert C McGANN** **ROBERT C MCGANN** **X** **2/26/02**
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

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, 2002 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

TITLE	D	<input type="checkbox"/> Delete
NAME	MCGANN, ROBERT C	
STREET ADDRESS	9975 TAMiami TRAIL NORTH, SUITE 1	
CITY-ST-ZIP	NAPLES FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCGANN, ROBERT C	
STREET ADDRESS	1713 SW HEALTH PARK WAY, SUITE #1	
CITY-ST-ZIP	NAPLES, FL 34109	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: **ROBERT C MCGANN** **x 2/26/02** **941-597-8000**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

0600405 AV

CR2E034 (9/01)