2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 19, 2005
Secretary of State

DOCUMENT# P95000074414

Entity Name: NORTH NAPLES PHYSICIANS CARE CENTER, INC.

Current Principal Place of Business:

1713 SW HEALTH PARK WAY
SUITE 1
NAPLES, FL 33963 US

New Principal Place of Business:

Current Mailing Address:

1713 SW HEALTH PARK WAY
SUITE 1
NAPLES, FL 33963 US

New Mailing Address:

6987 GREEN TREE DR
NAPLES, FL 34108 US

FEI Number: 65-0612528 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

MCGANN, ROBERT C
1713 SW HEALTH PARK WAY SUITE 1
SUITE 1
NAPLES, FL 33963 US

Name and Address of New Registered Agent:

MCGANN, ROBERT C
6987 GREEN TREE DR
NAPLES, FL 34108 US

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: ROBERT C. MCGANN 04/19/2005
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: D ( ) Delete
Name: MCGANN, ROBERT C
Address: 1713 SW HEALTH PARKWAY SUITE 1
City-St-Zip: NAPLES, FL 34109

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ROBERT C. MCGANN DR 04/19/2005
Electronic Signature of Signing Officer or Director Date