

2005 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# P95000074414

FILED
Apr 27, 2005
Secretary of State

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:

6987 GREEN TREE DR
NAPLES, FL 34108 US

New Mailing Address:

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
6987 GREEN TREE DR
NAPLES, FL 34108 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

Date

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, M.D.

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04/27/2005

Electronic Signature of Signing Officer or Director

Date