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PROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # P96000042362 (9)
1. Corporation Name
NAPLES HEALTHCARE GROUP, INC.

FILED
May 08 1998 8:00am
Secretary of State



DO NOT WRITE IN THIS SPACE

Principal Place of Business 950 N. COLLIER BLVD #427 MARCO ISLAND FL 34145 US		Mailing Address 950 N. COLLIER BLVD #305 MARCO ISLAND FL 34145 US	
2. Principal Place of Business 21 950 N. Collier Blvd. Suite, Apt. #, etc. 22 Suite #427 City & State 23 Marco Island, Florida		2a. Mailing Address 26 950 N. Collier Blvd Suite, Apt. #, etc. 27 Suite # 427 City & State 28 Marco Island, Florida	
24 Zip 34145 25 Country USA		29 Zip 34145 30 Country USA	

9. Name and Address of Current Registered Agent DUQUET, MICHAEL B 205 NORTH COLLIER BLVD. SUITE 427 MARCO ISLAND FL 34145		10. Name and Address of New Registered Agent 81 Name SAME 82 Street Address (P.O. Box Number is Not Acceptable) 950 N. COLLIER BLVD 83 SUITE #427 84 City Marco Island FL 85 Zip Code 34145	
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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 *Michael B. Duquet* *President* DATE 4/29/98
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	1.1 TITLE	
NAME	DUQUET, MICHAEL B	1.2 NAME	
STREET ADDRESS	950 N. COLLIER BLVD, #305	1.3 STREET ADDRESS	950 N Collier Blvd. Suite #427
CITY-ST-ZIP	MARCO ISLAND FL 34145	1.4 CITY-ST-ZIP	
TITLE		2.1 TITLE	
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE		3.1 TITLE	
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. 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 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: *Michael B. Duquet* *President* DATE 4/29/98 941 389 9777
Signature, typed or printed name of signing officer or director

CR2E034 (10/97)