

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

May 02, 2001 8:00 am
Secretary of State

05-02-2001 90219 010 ***150.00

DOCUMENT # P96000042362

1. Entity Name
NAPLES HEALTHCARE GROUP, INC.

Principal Place of Business

950 N. COLLIER BLVD
427
MARCO ISLAND FL 34145
US

Mailing Address

950 N. COLLIER BLVD
427
MARCO ISLAND FL 34145
US

755940



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

606 Bald Eagle Dr.
Suite, Apt. #, etc.
SUITE 605
City & State
marco Island FL

3. Mailing Address

606 Bald Eagle Dr.
Suite, Apt. #, etc.
SUITE 605
City & State
marco Island FL

4. FEI Number 65-0675474

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

DUQUET, MICHAEL B
950 N. COLLIER BLVD STE 427
SUITE 234 SUITE 605
MARCO ISLAND FL 34145

606 Bald Eagle
Drive

Name

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

City

FL

Zip Code

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

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, 2001 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE D
NAME DUQUET, MICHAEL B
STREET ADDRESS 950 N. COLLIER BLVD STE 427
CITY-ST-ZIP MARCO ISLAND FL 34145

TITLE
NAME
STREET ADDRESS 606 Bald Eagle Drive # 605
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2034 (10/00)