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PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS

FILED Apr 12, 1999 8:00 am Secretary of State

04-12-1999 90019 022 \*\*\*150.00

DOCUMENT # P97000048407

1. Corporation Name PREMIER PRACTICE MANAGEMENT - NAPLES, INC.



DO NOT WRITE IN THIS SPACE

Principal Place of Business 681 GOODLETTE RD N SUITE 140 NAPLES FL 34102 US

Mailing Address 681 GOODLETTE RD N SUITE 140 NAPLES FL 34102 US

3. Date Incorporated or Qualified 06/02/1997

4. FEI Number 33-0762312 Applied For Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees

8. This corporation owes the current year Intangible Personal Property Tax. Yes No

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country 25

2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country 30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

LUCAS, ELAINE 3411 TAMIAMI TRAIL NORTH SUITE 204 NAPLES FL 34103

81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code

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 (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE DC [ ] DELETE

NAME LIGHT, LEE R MD

STREET ADDRESS 850 CENTRAL AVENUE #301

CITY-ST-ZIP NAPLES FL 34102

TITLE D [ ] DELETE

NAME FINAN, EUGENE T MD

STREET ADDRESS 11181 HEALTH PARK BLVD #2275

CITY-ST-ZIP NAPLES FL 34110

TITLE D [ ] DELETE

NAME ZAMPOGNA, ANTONIA G MD

STREET ADDRESS 130 TAMIAMI TRAIL N #120

CITY-ST-ZIP NAPLES FL 34102

TITLE DS [ ] DELETE

NAME SORENSEN, DONN E

STREET ADDRESS 12730 HIGH BLUFF DRIVE #300

CITY-ST-ZIP SAN DIEGO CA 92130-2099

TITLE DT [ ] DELETE

NAME JOHNSON, KENNETH

STREET ADDRESS 12730 HIGH BLUFF DRIVE #300

CITY-ST-ZIP SAN DIEGO CA 92130-2099

TITLE [ ] DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE [ ] Change [ ] Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE [ ] Change [ ] Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE [ ] Change [ ] Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE [ ] Change [ ] Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE [ ] Change [ ] Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE [ ] Change [ ] Addition

6.2 NAME

6.3 STREET ADDRESS

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, with all other like empowered.

SIGNATURE: [Signature] REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/1/99

Date Daytime Phone #

CR2E034 (1/98)