

AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

**PROFIT
CORPORATION
ANNUAL REPORT
1999**


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

DOCUMENT # **P97000105199**

Corporation Name

NAPLES HEALTH SERVICES, INC.

Principal Place of Business
1151 FRANK WHITEMAN BLVD.
NAPLES FL 34103

Mailing Address
1151 FRANK WHITEMAN BLVD.
NAPLES FL 34103



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

12/15/1997

4. FEI Number

59-3480629

Applied For

Not Applicable

5. Certificate of Status Desired ☐\$8.75 Additional
Fee Required6. Election Campaign Financing
Trust Fund Contribution ☐\$5.00 May Be
Added to Fees8. This corporation owes the current year
Intangible Personal Property. ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

MURPHY, SHEILA
1151 FRANK WHITEMAN BLVD.
NAPLES FL 34103

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL

85 Zip Code

1. 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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

1. OFFICERS AND DIRECTORS

1. NAME

2. STREET ADDRESS

3. CITY-ST-ZIP

4. TITLE

5. NAME

6. STREET ADDRESS

7. CITY-ST-ZIP

8. TITLE

9. NAME

10. STREET ADDRESS

11. CITY-ST-ZIP

12. TITLE

13. NAME

14. STREET ADDRESS

15. CITY-ST-ZIP

16. TITLE

17. NAME

18. STREET ADDRESS

19. CITY-ST-ZIP

20. TITLE

21. NAME

22. STREET ADDRESS

23. CITY-ST-ZIP

24. TITLE

25. NAME

26. STREET ADDRESS

27. CITY-ST-ZIP

28. TITLE

29. NAME

30. STREET ADDRESS

31. CITY-ST-ZIP

32. TITLE

33. NAME

34. STREET ADDRESS

35. CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

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:

SIGNATURE REQUIRED

7-2-99

Date

941 353-1925

Daytime Phone #

CR25034 (5/99)