

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000105199

1. Entity Name
NAPLES HEALTH SERVICES, INC.

FILED
Apr 05, 2001 8:00 am
Secretary of State

04-05-2001 90085 041 ***150.00

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

Mailing Address
1151 FRANK WHITEMAN BLVD.
NAPLES FL 34103

2. Principal Place of Business
1151 FRANK WHITEMAN BLVD.

3. Mailing Address
1151 FRANK WHITEMAN BLVD.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

FLORIDA

FLORIDA

Zip

Country

Zip

Country

4. FEI Number 59-3480629

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

MURPHY, SHEILA
1151 FRANK WHITEMAN BLVD.
NAPLES FL 34103

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 ☒ Delete
NAME MCCAFFREY, JOHN
STREET ADDRESS 1151 FRANK WHITEMAN BLVD.
CITY-ST-ZIP NAPLES FL 34103

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D ☐ Delete
NAME WILDER, JOHN G
STREET ADDRESS 1151 FRANK WHITEMAN BLVD
CITY-ST-ZIP NAPLES FL 34103

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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TITLE ☐ Change ☐ Addition
NAME
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: Sheila Murphy
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-01-01

Date

941-353-1925

Daytime Phone #

CR2E034 (10/00)