

**FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00**

**PROFIT CORPORATION ANNUAL REPORT 1999**



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

DOCUMENT # **998000035566**

1. Corporation Name  
**NAPLES CARDIOLOGY/INTERNAL MEDICINE, P.A.**

Principal Place of Business Mailing Address  
**773 FOURTH AVE. NORTH, SUITE A  
 NAPLES, FLORIDA 34102**

2. Principal Place of Business  
 21 Same as above  
 Suite, Apt. #, etc.

2a Mailing Address  
 26 Same as above  
 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24 25 29 30  
 9. Name and Address of Current Registered Agent

**Michael G. Moore  
 Parrish Moore, P.A.  
 2171 Pine Ridge Road, Suite D  
 NAPLES, FLORIDA 34109**

81 Name  
 82 Street Address (P.O. Box Number is Not Acceptable)  
 83 City  
 84 City  
**N/A**  
**200002829542-4**  
**-04/05/99-01126-004**  
**\*\*\*\*150.PL \*\*\*\*150.00**

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. Thereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

**SIGNATURE**

Sign the appropriate block of the following and the appropriate

(F001) Register (A) just submit registration fee (F002)

(F003)

**12. OFFICERS AND DIRECTORS**

**13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12**

TITLE	[ ] DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	[ ] DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	[ ] DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	[ ] DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11 TITLE	[ ] Org. [ ] Add.
12 NAME	
13 STREET ADDRESS	
14 CITY-ST-ZIP	
21 TITLE	[ ] Org. [ ] Add.
22 NAME	
23 STREET ADDRESS	
24 CITY-ST-ZIP	
31 TITLE	[ ] Org. [ ] Add.
32 NAME	
33 STREET ADDRESS	
34 CITY-ST-ZIP	
41 TITLE	[ ] Org. [ ] Add.
42 NAME	
43 STREET ADDRESS	
44 CITY-ST-ZIP	
51 TITLE	[ ] Org. [ ] Add.
52 NAME	
53 STREET ADDRESS	
54 CITY-ST-ZIP	
61 TITLE	[ ] Org. [ ] Add.
62 NAME	
63 STREET ADDRESS	
64 CITY-ST-ZIP	

**President, Vice Pres, Secretary, Treasurer**  
**William R. Cook, M.D.**  
**773 Fourth Ave. North, Suite A**  
**Naples, Florida 34102**

**WRC**  
**4-1-99**

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(a), 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 **William R. Cook** **William R. COOK, M.D.** 3/18/99 (941)643-5353  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

APPROVED  
 99 MAR 26 PM 12:40  
 SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

CR2E034 (11/98)