

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 page to make the filing effective. Sign on page 11.

Sign the appropriate page to make the filing effective. Sign on page 12.

Sign

12. OFFICERS AND DIRECTORS

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	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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

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

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

CR2E034 (11/98)