

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 26, 2001 8:00 am
Secretary of State

04-26-2001 90019 035 ***150.00

DOCUMENT # P98000035566

1. Entity Name
NAPLES CARDIOLOGY/INTERNAL MEDICINE, P.A.

Principal Place of Business Mailing Address
~~773 FOURTH AVE. NORTH SUITE A~~ ~~773 FOURTH AVE. NORTH SUITE A~~
~~NAPLES FL 34102~~ ~~NAPLES FL 34102~~

1112 Goodlette Rd. N.
Suite 202

2. Principal Place of Business 3. Mailing Address
1112 Goodlette Rd. N. **Same**

Suite, Apt. #, etc. Suite, Apt. #, etc.
Suite 202

City & State City & State
Naples FL

Zip Country Zip Country
34102 USA

4. FEI Number **65-0829017** 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

COOK, CAROLE G
~~6620 DANIELS RD~~
NAPLES FL 34109

6610 Daniels Rd

Note - moved next door

Name
 Street Address (P.O. Box Number is Not Acceptable)
 City 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 *CyCook* *Carole G. Cook* *4/19/01*
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	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
PVST	COOK, WILLIAM R MD	773 FOURTH AVE. NORTH, SUITE A	NAPLES FL 34102	<input checked="" type="checkbox"/> <i>Note: The Address changed only</i>
				<input type="checkbox"/> Delete
				<input type="checkbox"/> Delete
				<input type="checkbox"/> Delete
				<input type="checkbox"/> Delete
				<input type="checkbox"/> Delete

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
PVST	COOK, William R. M.D.	1112 Goodlette RD. N., Suite 202	Naples, FL 34102	<input checked="" type="checkbox"/> <i>only Address Change</i>	<input type="checkbox"/> Addition
				<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/> Change	<input type="checkbox"/> Addition

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: *William R. Cook* *William R. Cook M.D.* *4/19/01* *(941)643-5353*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CP2E034 (10/00)



DO NOT WRITE IN THIS SPACE