

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P98000035566

**FILED**  
**Apr 30, 2008**  
**Secretary of State**

**Entity Name:** NAPLES CARDIOLOGY/INTERNAL MEDICINE, P.A.

**Current Principal Place of Business:**

6610 DANIELS RD  
NAPLES, FL 34109

**New Principal Place of Business:**

MICHAEL BODAH, C.P.A.  
2443 PINWOODS CIRCLE  
NAPLES, FL 34105

**Current Mailing Address:**

PO BOX 8665  
NAPLES, FL 34101

**New Mailing Address:**

**FEI Number:** 65-0829017      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired (X)**

**Name and Address of Current Registered Agent:**

COOK, CAROLE G  
6610 DANIELS RD  
NAPLES, FL 34109      US

**Name and Address of New Registered Agent:**

COOK, CAROLE G  
C/O MICHAEL J. BODAH, C.P.A  
2443 PINWOODS CIRCLE  
NAPLES, FL 34105 US

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: \_\_\_\_\_

Electronic Signature of Registered Agent

04/30/2008

Date

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

Title:            PVST            ( ) Delete  
Name:            COOK, WILLIAM R MD  
Address:        6610 DANIELS RD  
City-St-Zip:    NAPLES, FL 34109

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title:            PVST            (X) Change ( ) Addition  
Name:            COOK, WILLIAM R MD  
Address:        P.O. BOX 8665  
City-St-Zip:    NAPLES, FL 34101

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: WILLIAM R. COOK, M.D.

Electronic Signature of Signing Officer or Director

PVST

04/30/2008

Date