

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

**FILED**  
**Feb 22, 1999 8:00 am**  
**Secretary of State**

02-22-1999 90072 030 \*\*\*150.00

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PROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # P98000042308**

1. Corporation Name

**NAPLES MEDICAL PROPERTIES, INC.**



Principal Place of Business <b>OAKMONT CAPITAL RESOURCES 3304 1ST STREET WEST BRADENTON FL 34207</b>	Mailing Address <b>OAKMONT CAPITAL RESOURCES 3304 1ST STREET WEST BRADENTON FL 34207</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 <b>3306 First Street West</b> Suite, Apt. #, etc. 22 City & State 23 <b>Bradenton, Florida</b> Zip 24 <b>34208</b>		2a. Mailing Address 26 <b>3306 First Street West</b> Suite, Apt. #, etc. 27 City & State 28 <b>Bradenton, Florida</b> Zip 29 <b>34208</b> 30		3. Date Incorporated or Qualified <b>05/11/1998</b>	4. FEI Number <b>65-0840283</b> Applied For Not Applicable	5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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9. Name and Address of Current Registered Agent

**KNOWLES, TIMOTHY A ESQ  
1205 MANATEE AVENUE WEST  
BRADENTON FL 34205**

10. Name and Address of New Registered Agent

81 Name <b>Rick Seyer</b>
82 Street Address (P.O. Box Number is Not Acceptable) <b>3306 First Street West</b>
83
84 City <b>Bradenton</b> FL 85 Zip Code <b>34208</b>

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

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**1-11-99**

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	<b>President</b>	<input type="checkbox"/> DELETE		1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	<b>Rick Seyer</b>			1.2 NAME			
STREET ADDRESS	<b>3306 First Street West</b>			1.3 STREET ADDRESS			
CITY-ST-ZIP	<b>Bradenton, Florida 34208</b>			1.4 CITY-ST-ZIP			
TITLE	<b>Secretary</b>	<input type="checkbox"/> DELETE		2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	<b>Kim Bl-koy</b>			2.2 NAME			
STREET ADDRESS	<b>3306 First Street West</b>			2.3 STREET ADDRESS			
CITY-ST-ZIP	<b>Bradenton, Florida 34208</b>			2.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME				3.2 NAME			
STREET ADDRESS				3.3 STREET ADDRESS			
CITY-ST-ZIP				3.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME				4.2 NAME			
STREET ADDRESS				4.3 STREET ADDRESS			
CITY-ST-ZIP				4.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME				5.2 NAME			
STREET ADDRESS				5.3 STREET ADDRESS			
CITY-ST-ZIP				5.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME				6.2 NAME			
STREET ADDRESS				6.3 STREET ADDRESS			
CITY-ST-ZIP				6.4 CITY-ST-ZIP			

14. 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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**1-11-99**

CR2E034 (11/98)