

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

2008 APR 15 PM 4:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DOCUMENT # P98000104485 1. Entity Name PC NAPLES, INC.	
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Principal Place of Business 3200 TAMIAMI TRAIL N SUITE 200 NAPLES, FL 34103	Mailing Address 3200 TAMIAMI TRAIL N SUITE 200 NAPLES, FL 34103
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2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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City & State Zip Country	City & State Zip Country
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03262008	Chg-P	CR2E034 (12/06)
4. FEI Number 59-3552980		Applied For Not Applicable
5. Certificate of Status Desired		\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent WOODWARD, MARK J 3200 TAMIAMI TRAIL N SUITE 200 NAPLES, FL 34103	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
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10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE	PD	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	FERRAO, AUBREY J			NAME			
STREET ADDRESS	8156 FIDDLERS CREEK PKWY			STREET ADDRESS			
CITY-ST-ZIP	NAPLES, FL 34114			CITY-ST-ZIP			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
NAME	WOODWARD, MARK J	<input type="checkbox"/> Delete		NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS	3200 TAMIAMI TRAIL N SUITE 200			STREET ADDRESS			
CITY-ST-ZIP	NAPLES, FL 34103			CITY-ST-ZIP			
NAME	PARISI, JOSEPH L	<input type="checkbox"/> Delete		NAME		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
STREET ADDRESS	8156 FIDDLERS CREEK PKWY			STREET ADDRESS			
CITY-ST-ZIP	NAPLES, FL 34114			CITY-ST-ZIP			
NAME	DINARDO, ANTHONY	<input type="checkbox"/> Delete		NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS	8156 FIDDLERS CREEK PKWY			STREET ADDRESS			
CITY-ST-ZIP	NAPLES, FL 34114			CITY-ST-ZIP			
NAME		<input type="checkbox"/> Delete		NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
NAME		<input type="checkbox"/> Delete		NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _____ 3/27/08 (239) 732-9400

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

Joseph Livio Parisi, as Director

4/15/08