

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 25, 2005 8:00 am
Secretary of State

04-25-2005 90301 018 ***150.00

DOCUMENT # V50817 1. Entity Name NAPLES MEDICAL CENTER, P.A.					
Principal Place of Business 400 8TH STREET NORTH NAPLES, FL 34102			Mailing Address 400 8TH STREET NORTH NAPLES, FL 34102		
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State Zip		City & State Zip		4. FEI Number 65-0332909	
Country		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent ROLAND, RICHARD M MD 400 8TH ST N NAPLES, FL 34102				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$350.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CASE, GARY D 400 8TH STREET NORTH NAPLES, FL 34102	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PARENT, THOMAS 400 8TH STREET, NORTH NAPLES FL 34102	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD GALBUT, ALAN 400 8TH STREET NORTH NAPLES, FL 34102	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BRYNTON DOUGLAS 400 8TH STREET, NORTH NAPLES FL 34102	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MORRIS, DANIEL J M.D. 400 8TH ST NORTH NAPLES, FL 34102	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D IRANI, FARHAD 400 8TH STREET NORTH NAPLES FL 34102	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D VENABLE, CAROLYN MD 400 8TH ST NORTH NAPLES, FL 34102	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BRYSE, CHARLES, JR. 400 8TH STREET NORTH NAPLES FL 34102	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ROLAND, RICHARD M M.D. 400 8TH ST NORTH NAPLES, FL 34102	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D COHEN, HARLEY 400 8TH STREET NORTH NAPLES FL 34102	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MATHIEU, VLADIMIR J 400 8TH ST NORTH NAPLES, FL 34102	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DELEON, CESAR 400 8TH STREET NORTH NAPLES FL 34102	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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:			SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Richard Roland 4/18/05 239-430-5548		

ATTACHMENT

V52817

52043433

Additional Directors - 2005 Annual Report

D

Drew Daniel
400 8th Street, North
Naples, FL 34102

D

Duncan, Raymond
400 8th Street, North
Naples, FL 34102

D

Grossman, Joel
400 8th Street, North
Naples, FL 34102

D

Gudur, Kavitha
400 8th Street, North
Naples, FL 34102

D

Harrington, Douglas
400 8th Street, North
Naples, FL 34102

D

Kerns, Albert
400 8th Street, North
Naples, FL 34102

D

Laskowski, William
400 8th Street, North
Naples, FL 34102

D

Medina, Tyrone
400 8th Street, North
Naples, FL 34102

D

Osborne, Scott
400 8th Street, North
Naples, FL 34102

D

Owens, Alex
400 8th Street, North
Naples, FL 34102

D

Richichi, Joseph
400 8th Street, North
Naples, FL 34102

D

Schultzel, Leslie
400 8th Street, North
Naples, FL 34102

D

Shields, Paul
400 8th Street, North
Naples, FL 34102

D

Underwood, C. Richard
400 8th Street, North
Naples, FL 34102

D

Venable, James
400 8th Street, North
Naples, FL 34102

D

Wise, Kendell
400 8th Street, North
Naples, FL 34102