
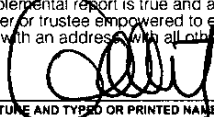


# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 21, 2008 8:00 am**  
**Secretary of State**

04-21-2008 90047 047 \*\*\*150.00

<b>DOCUMENT # V50817</b> 1. Entity Name <b>NAPLES MEDICAL CENTER, P.A.</b>					
Principal Place of Business <b>400 8TH STREET NORTH NAPLES, FL 34102</b>			Mailing Address <b>400 8TH STREET NORTH NAPLES, FL 34102</b>		
2. Principal Place of Business - No P.O. Box #			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		4. FEI Number <b>65-0332909</b>	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent  <b>GALBUT, ALAN MD 400 8TH ST N NAPLES, FL 34102</b>				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;"> <span><b>FL</b></span> <span>Zip Code</span> </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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D PARENT, THOMAS 400 8TH STREET NORTH NAPLES, FL 34102	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P GALBUT, ALAN 400 8TH STREET NORTH NAPLES, FL 34102	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input 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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D ROLAND, RICHARD M M.D. 400 8TH ST NORTH NAPLES, FL 34102	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input 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	VP MATHIEU, VLADIMIR J 400 8TH ST NORTH NAPLES, FL 34102 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<i>See additional list attached</i>		<input type="checkbox"/> Delete		
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.					
<b>SIGNATURE:</b>  <b>ALAN GALBUT</b>					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Date <b>4/11/08</b> Daytime Phone # <b>239-430-5548</b>	

# ATTACHMENT

40073278

Additional Directors 2008 Annual Report

Naples Medical Center PA  
Document# V50817

D  
Bialkin, Steven  
400 8th Street, North  
Naples FL, 34102

D  
Boynton, Douglas  
400 8th Street, North  
Naples FL, 34102

D  
Cohen, Harley  
400 8th Street, North  
Naples FL, 34102

D  
Cugini, Christy  
400 8th Street, North  
Naples FL, 34102

D  
DeLeon, Cesar  
400 8th Street, North  
Naples FL, 34102

D  
Drew, Daniel **Delete**  
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  
Harcourt, Karen **Delete**  
400 8th Street, North  
Naples FL, 34102

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

D  
Irani, Farhad  
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  
Owens, Alex  
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  
Wise, Kendall  
400 8th Street, North  
Naples FL, 34102