## 2021 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N12000010559

Entity Name: THE FOUNDATION OF COLLIER COUNTY MEDICAL SOCIETY,

INC.

**FILED** Apr 26, 2021 Secretary of State 7564376832CC

## **Current Principal Place of Business:**

88 12TH ST N **UNIT 200** NAPLES, FL 34102

# **Current Mailing Address:**

88 12TH ST N **UNIT 200** NAPLES, FL 34102 US

FEI Number: 46-1391700 Certificate of Status Desired: No

# Name and Address of Current Registered Agent:

DONAHUE, APRIL 88 12TH ST N **UNIT 200** NAPLES, FL 34102 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:

City-State-Zip:

Address

Date Electronic Signature of Registered Agent

Officer/Director Detail:

NAPLES FL 34102

Title DIRECTOR Title CHAIRMAN

Name DONAHUE, APRIL Name RIVERA, ROLANDO MD

Address 88 12TH ST N Address 88 12TH ST N

**UNIT 200 UNIT 200** 

NAPLES FL 34102 NAPLES FL 34102 City-State-Zip: City-State-Zip:

Title **DIRECTOR** Title **DIRECTOR** 

BERNARD, REBEKAH M.D. BIALEK, JOSHUA Name Name

88 12TH ST N 88 12TH ST N Address Address **UNIT 200 UNIT 200** 

Title **DIRECTOR** Title SECRETARY, TREASURER

Name BROWN, REISHA F M.D. Name DARSTEK, JEREMY

> 88 12TH ST N Address 88 12TH ST N

**UNIT 200 UNIT 200** 

City-State-Zip: NAPLES FL 34102 City-State-Zip: NAPLES FL 34102

Title DIRECTOR Title DIRECTOR

DANNENBERG, MITCHELL Name KOWAL, CATHERINE N M.D. Name

88 12TH ST N Address 88 12TH ST N Address **UNIT 200** 

**UNIT 200** 

City-State-Zip: NAPLES FL 34102 City-State-Zip: NAPLES FL 34102

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City-State-Zip:

NAPLES FL 34102

I hereby 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 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

04/26/2021 SIGNATURE: APRIL DONAHUE EXECUTIVE DIRECTOR

# Officer/Director Detail Continued:

Title DIRECTOR

Name MOSTELLER, KAREN

Address 88 12TH ST N

UNIT 200

City-State-Zip: NAPLES FL 34102