

2025 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N12000010559

Entity Name: THE FOUNDATION OF COLLIER COUNTY MEDICAL SOCIETY, INC.**FILED**
Mar 27, 2025
Secretary of State
6401224165CC**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:**

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title DIRECTOR
Name DONAHUE, APRIL
Address 88 12TH ST N
UNIT 200
City-State-Zip: NAPLES FL 34102

Title CHAIRMAN
Name RIVERA, ROLANDO DR.
Address 88 12TH ST N
UNIT 200
City-State-Zip: NAPLES FL 34102

Title DIRECTOR
Name BERNARD, REBEKAH DR.
Address 88 12TH ST N
UNIT 200
City-State-Zip: NAPLES FL 34102

Title DIRECTOR
Name BIALEK, JOSHUA
Address 88 12TH ST N
UNIT 200
City-State-Zip: NAPLES FL 34102

Title SECRETARY, TREASURER
Name DARSTEK, JEREMY
Address 88 12TH ST N
UNIT 200
City-State-Zip: NAPLES FL 34102

Title DIRECTOR
Name KOWAL, CATHERINE N DR.
Address 88 12TH ST N
UNIT 200
City-State-Zip: NAPLES FL 34102

Title DIRECTOR
Name DANNENBERG, MITCHELL
Address 88 12TH ST N
UNIT 200
City-State-Zip: NAPLES FL 34102

Title DIRECTOR
Name MOSTELLER, KAREN
Address 88 12TH ST N
UNIT 200
City-State-Zip: NAPLES FL 34102

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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.

SIGNATURE: APRIL DONAHUE**EXECUTIVE DIRECTOR****03/27/2025**

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title DIRECTOR
Name REED, ANDY
Address 88 12TH ST N
UNIT 200
City-State-Zip: NAPLES FL 34102

Title DIRECTOR
Name GILL, KIRAN K DR.
Address 88 12TH ST N
UNIT 200
City-State-Zip: NAPLES FL 34102

Title DIRECTOR
Name GROAT, GLENN E. DR.
Address 88 12TH ST N
UNIT 200
City-State-Zip: NAPLES FL 34102