2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 25, 2016
Secretary of State
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Entity Name: THE FOUNDATION OF COLLIER COUNTY MEDICAL SOCIETY, INC.

Current Principal Place of Business:

1148 GOODLETTE ROAD N
NAPLES, FL 34102

Current Mailing Address:

1148 GOODLETTE ROAD N
NAPLES, FL 34102

FEI Number: 46-1391700

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

DONAHUE, APRIL
1148 GOODLETTE RD. N
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	1148 GOODLETTE ROAD N
City-State-Zip:	NAPLES FL 34102

Title	SECRETARY, TREASURER
Name	HENRICHSEN, KAREN DO
Address	1148 GOODLETTE ROAD N
City-State-Zip:	NAPLES FL 34102

Title	DIRECTOR
Name	BOYD, PETER R M.D.
Address	1148 GOODLETTE ROAD N
City-State-Zip:	NAPLES FL 34102

Title	DIRECTOR
Name	DARSTEK, JEREMY
Address	1148 GOODLETTE ROAD N
City-State-Zip:	NAPLES FL 34102

Title	CHAIRMAN
Name	RIVERA, ROLANDO MD
Address	1148 GOODLETTE ROAD N
City-State-Zip:	NAPLES FL 34102

Title	DIRECTOR
Name	PAGLIARA, RICHARD D. D.O.
Address	1148 GOODLETTE ROAD N
City-State-Zip:	NAPLES FL 34102

Title	DIRECTOR
Name	BROWN, REISHA F M.D.
Address	1148 GOODLETTE ROAD N
City-State-Zip:	NAPLES FL 34102

Title	DIRECTOR
Name	KOWAL, CATHERINE DR.
Address	1148 GOODLETTE ROAD N
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 04/25/2016

Electronic Signature of Signing Officer/Director Detail — Date

Officer/Director Detail Continued :

Title	DIRECTOR
Name	HILL, ANDREW
Address	1148 GOODLETTE ROAD N
City-State-Zip:	NAPLES FL 34102