

2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N12000010559

Entity Name: THE FOUNDATION OF COLLIER COUNTY MEDICAL SOCIETY, INC.**FILED**
Apr 24, 2015
Secretary of State
CC1783966080**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	CHAIRMAN
Name	RIVERA, ROLANDO MD
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	PAGLIARA, RICHARD D. D.O.
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	BROWN, REISHA F 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	DIRECTOR
Name	DIPESA, BOB
Address	1148 GOODLETTE ROAD N
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.

SIGNATURE: APRIL DONAHUE**EXECUTIVE DIRECTOR****04/24/2015**_____
Electronic Signature of Signing Officer/Director Detail_____
Date