

**2023 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N19000002474

**Entity Name:** COLLIER COMMUNITY MEDICAL STAFF FOUNDATION, INC.

**Current Principal Place of Business:**

501 GOODLETTE RD N., #D306  
NAPLES, FL 34102

**Current Mailing Address:**

P.O. BOX 10638  
NAPLES, FL 34101

**FEI Number:** 83-3939902

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

VEGA, JOHN G ESQ.  
501 GOODLETTE RD N., #D306  
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 SECRETARY  
Name LUTHRINGER, PETER M.D.  
Address 680 2ND AVE N  
City-State-Zip: NAPLES FL 34102

Title PRESIDENT  
Name BETHEL, TODD M.D.  
Address 350 7TH STREET N  
City-State-Zip: NAPLES FL 34102

Title PRESIDENT  
Name RAO, SAJAN  
Address 625 TAMIAMI TRAIL #201  
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:** SAJAN RAO

PRESIDENT

02/03/2023

Electronic Signature of Signing Officer/Director Detail

Date