

2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N28705

Entity Name: COLLIER COUNTY MEDICAL SOCIETY ALLIANCE, INC.

Current Principal Place of Business:

1148 GOODLETTE ROAD NORTH
NAPLES, FL 34102

Current Mailing Address:

1148 GOODLETTE ROAD NORTH
NAPLES, FL 34102 US

FEI Number: 65-0085150

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

BARON, SHERYL
1279 BELAIRE CT
NAPLES, FL 34110 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: SHERYL BARON

01/12/2015

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title TREASURER
Name BARON, SHERYL
Address 1279 BELAIRE CT
City-State-Zip: NAPLES FL 34102

Title OTHER
Name OWENS, MONIQUE
Address 2280 8TH ST NE
City-State-Zip: NAPLES FL 34120

Title PRESIDENT
Name JAY, KRISTINA
Address 285 GRANDE WAY #904
City-State-Zip: NAPLES FL 34110

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: SHERYL BARON

TREASURER

01/12/2015

Electronic Signature of Signing Officer/Director Detail

Date