

2014 FLORIDA PROFIT CORPORATION ANNUAL REPORT

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FILED
Mar 17, 2014
Secretary of State
CC5001587417

Entity Name: PHYSICIAN ASSISTANT SERVICES OF NAPLES, INC.

Current Principal Place of Business:

6020 GREEN BLVD.
NAPLES, FL 34116

Current Mailing Address:

6020 GREEN BLVD.
NAPLES, FL 34116 US

FEI Number: 45-2481581

Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:

RENNE, SANDRA D
6020 GREEN BLVD.
NAPLES, FL 34116 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 P
Name JONES, CHRISTOPHER A
Address 6020 GREEN BLVD.
City-State-Zip: NAPLES FL 34116

Title VP
Name RENNE, SANDRA D
Address 6020 GREEN BLVD.
City-State-Zip: NAPLES FL 34116

Title SEC
Name RENNE, SANDRA D
Address 6020 GREEN BLVD.
City-State-Zip: NAPLES FL 34116

Title TREA
Name JONES, CHRISTOPHER A
Address 6020 GREEN BLVD.
City-State-Zip: NAPLES FL 34116

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 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: SANDRA RENNE

VP

03/17/2014

Electronic Signature of Signing Officer/Director Detail

Date