

**2014 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L07000054779

**Entity Name:** CARITAS OBSTETRICS AND GYNECOLOGY OF NAPLES, PLLC

**Current Principal Place of Business:**

8340 COLLIER BOULEVARD  
SUITE 406  
NAPLES, FL 34114

**Current Mailing Address:**

8340 COLLIER BOULEVARD  
SUITE 406  
NAPLES, FL 34114

**FEI Number:** 26-0239773

**Certificate of Status Desired:** No

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

JOHN-WILLIAM M. TRAINER, III  
8340 COLLIER BOULEVARD  
SUITE 406  
NAPLES, FL 34114 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

**Authorized Person(s) Detail :**

Title MGR  
Name FLIPPIN-TRAINER, M.D., ANGELA D  
Address 8340 COLLIER BLVD, STE 406  
City-State-Zip: NAPLES FL 34114

*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 a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** ANGELA D FLIPPIN-TRAINER, M.D.

**MANAGER**

**04/30/2014**

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date