

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jun 04, 2008 8:00 am
Secretary of State

06-04-2008 90002 007 ***150.00

DOCUMENT # P96000075933

1. Entity Name

ANCHOR HEALTH CENTERS, P.A.



Principal Place of Business

801 ANCHOR RODE DR
STE 300
NAPLES, FL 34103 US

Mailing Address

801 ANCHOR RODE DR
STE 300
NAPLES, FL 34103 US



04302008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3417916

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional
Fee Required

6. Name and Address of Current Registered Agent

CLARK, THOMAS P
HENDERSON & FRANKLIN
1715 MONROE STREET
FT MYERS, FL 33901

**DO NOT WRITE
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE P
NAME HANSON, ROBERT E MD
STREET ADDRESS 801 ANCHOR RODE DR STE 300
CITY-ST-ZIP NAPLES, FL 34103

TITLE D
NAME HAVEN, JESSE H MD
STREET ADDRESS 801 ANCHOR RODE DR STE 300
CITY-ST-ZIP NAPLES, FL 34103

TITLE S
NAME WINZENRIED, GUY R MD
STREET ADDRESS 801 ANCHOR RODE DR STE 300
CITY-ST-ZIP NAPLES, FL 34103

TITLE VP
NAME DOUNCHIS, JON S MD
STREET ADDRESS 801 ANCHOR RODE DR STE 300
CITY-ST-ZIP NAPLES, FL 34103

TITLE D
NAME ANDERSON, CHARLES MD
STREET ADDRESS 801 ANCHOR RODE DR STE 300
CITY-ST-ZIP NAPLES, FL 34103

TITLE T
NAME SHEPARD, DEBRA MD
STREET ADDRESS 801 ANCHOR RODE DR STE 300
CITY-ST-ZIP NAPLES, FL 34103

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/30/8 262-5228

ATTACHMENT

DOCUMENT #P96000075933

40107494

D

Albert, Lawrence H. MD
801 Anchor Rode Drive, Suite 300
Naples, FL 34103

D

Bell, Cynthia S. MD
801 Anchor Rode Drive, Suite 300
Naples, FL 34103

VP

Bergen, Gary A. MD
801 Anchor Rode Drive, Suite 300
Naples, FL 34103

VP

Bookman, Kenneth MD
801 Anchor Rode Drive, Suite 300
Naples, FL 34103

VP

Boucek, Francis C. MD
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Brown, Mark A. MD
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VP

Califano, Joseph R. MD
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Cohen, Howard L. MD
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VP

Diaz, John R. MD
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VP

DiRocco, Jennifer A. MD
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VP

Dudley, Dulce V. MD
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VP

Ferber, Kae L. MD
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VP

Ferguson, George W. MD
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VP

Garry, Ronald T. MD
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VP

Gelinas, Bruce A. MD
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VP

Harris, Julia K. MD
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Hochman, Eric J MD
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Jones, Paul O. MD
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Jordan, Jacob H. MD
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Kapp, Howard J. MD
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Kelley, E. Sean MD
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DOCUMENT #P96000075933

40107494

VP

Khan, Obayedur R. MD
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Kilo, Charles J. MD
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Koop, Hermes O. MD
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Lindner, David H. MD
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Listoe, Gregory B. MD
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LoMonaco, MaryAnn M. MD
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Lucombe, Linda P. MD
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Mendello, Christopher A. MD
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Parsons, Gary A. MD
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Podos, Andrew P. MD
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Rajasinghe, Hiranya A. MD
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Stone, David A. MD
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Tzilinis, Argyrios MD
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Vedder, C. Todd MD
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Warner, Justin D. MD
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West, Steven A. MD
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White, David C. MD
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Wiesen, Scott L. MD
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