

2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P96000075933

FILED
Feb 09, 2012
Secretary of State

Entity Name: ANCHOR HEALTH CENTERS, P.A.

Current Principal Place of Business:

801 ANCHOR RODE DR
STE 300
NAPLES, FL 34103 US

New Principal Place of Business:

Current Mailing Address:

801 ANCHOR RODE DR
STE 300
NAPLES, FL 34103 US

New Mailing Address:

FEI Number: 59-3417916 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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

OFFICERS AND DIRECTORS:

Title: P&D
Name: HANSON, ROBERT E MD
Address: 801 ANCHOR RODE DR STE 300
City-St-Zip: NAPLES, FL 34103 US

Title: D
Name: HAVEN, JESSE H MD
Address: 801 ANCHOR RODE DR STE 300
City-St-Zip: NAPLES, FL 34103 US

Title: S
Name: EDWARDS, WILLIAM
Address: 801 ANCHOR RODE DR STE 300
City-St-Zip: NAPLES, FL 34103 US

Title: VP&D
Name: RAJASINGHE, HIRANYA S MD
Address: 801 ANCHOR RODE DR STE 300
City-St-Zip: NAPLES, FL 34103 US

Title: D
Name: GARRY, RONALD T MD
Address: 801 ANCHOR RODE DR STE 300
City-St-Zip: NAPLES, FL 34103 US

Title: T
Name: SHEPARD, DEBRA MD
Address: 801 ANCHOR RODE DR STE 300
City-St-Zip: NAPLES, FL 34103 US

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: ROBERT E. HANSON, M.D., PRESIDENT

P

02/09/2012

Electronic Signature of Signing Officer or Director

Date