

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N94000002301 (9)
1. Corporation Name

ISLAND COAST PRIMARY CARE PROJECT INC.

Principal Place of Business

3745 BROADWAY, SUITE 205
FORT MYERS FL 33901

Mailing Address

3745 BROADWAY, SUITE 205
FORT MYERS FL 33901

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

05/09/1994

3a. Date of Last Report

N/A

4. FEI Number

65-0489064

Applied For

Not Applicable

2. Principal Place of Business

21 Suite, Apt. #, etc.

2a. Mailing Address

26 Suite, Apt. #, etc.

23 City & State

27 City & State

24 Zip

25 Country

29 Zip

30 Country

5. Certificate of Status Desired

☐ \$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐ \$5.00 May Be
Added to Fees

7. Nonprofit with IRS 501(c)(3)
Tax Exempt Status

☒ \$68.75 Supplemental
Fee Not Required

8. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes

☐ Yes ☒ No

9. Name and Address of Current Registered Agent

TRUNZO, JUDY
3745 BROADWAY, SUITE 205
FORT MYERS FL 33901

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when resigning)

DATE

12. OFFICERS AND DIRECTORS

TITLE D
NAME BARTLETT, JOHN W
STREET ADDRESS 9350 CAMELOT DRIVE
CITY-ST-ZIP FORT MYERS FL 33919

TITLE D
NAME SEITZ, THOMAS L
STREET ADDRESS 9350 CAMELOT DRIVE
CITY-ST-ZIP FORT MYERS FL 33919

TITLE D
NAME GUTTERY, EDWIN G III
STREET ADDRESS 9350 CAMELOT DRIVE
CITY-ST-ZIP FORT MYERS FL 33919

TITLE D
NAME LEAKE, HUNTER C III
STREET ADDRESS 9350 CAMELOT DRIVE
CITY-ST-ZIP FORT MYERS FL 33919

TITLE D
NAME MON, MANUEL J
STREET ADDRESS 9350 CAMELOT DRIVE
CITY-ST-ZIP FORT MYERS FL 33919

TITLE D
NAME RITROSKY, JOHN JR
STREET ADDRESS 9350 CAMELOT DRIVE
CITY-ST-ZIP FORT MYERS FL 33919

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 017, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an acknowledgment.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

(Date)

Daytime Phone #