

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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**



3. Date Incorporated or Qualified
05/09/1994

3a. Date of Last Report
02/17/1995

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number
65-0489064

Applied For
Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. Certificate of Status Desired

☒ **\$8.75 Additional
Fee Required**

City & State

City & State

6. Election Campaign Financing
Trust Fund Contribution

☐ **\$5.00 May Be
Added to Fees**

23

28

Zip

Country

Zip

Country

24

25

29

30

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

81 Name

HIGGINS, LINDA

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

3745 BROADWAY, SUITE 205

83

84 City

FORT MYERS

FL

85 Zip Code
33901

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

Linda S. Higgins

(NOTE: Registered Agent signature required when reinstating)

DATE

1/18/96

12. OFFICERS AND DIRECTORS

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

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

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

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

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

TITLE **D** ☐ DELETE
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

11 TITLE ☐ Change ☐ Addition

12 NAME

13 STREET ADDRESS

14 CITY-ST-ZIP

21 TITLE ☐ Change ☐ Addition

22 NAME

23 STREET ADDRESS

24 CITY-ST-ZIP

31 TITLE ☐ Change ☐ Addition

32 NAME

33 STREET ADDRESS

34 CITY-ST-ZIP

41 TITLE ☐ Change ☐ Addition

42 NAME

43 STREET ADDRESS

44 CITY-ST-ZIP

51 TITLE ☐ Change ☐ Addition

52 NAME

53 STREET ADDRESS

54 CITY-ST-ZIP

61 TITLE ☐ Change ☐ Addition

62 NAME

63 STREET ADDRESS

64 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 119.07(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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-18-96.

481-5437

Date

Daytime Phone #

CR2E037 (12/95)