

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000046690

**FILED**  
**Apr 19, 2005**  
**Secretary of State**

**Entity Name:** ESTERO FAMILY MEDICINE, P.A.

**Current Principal Place of Business:**

3501 HEALTH CENTER BLVD STE 2220  
BONITA SPRINGS, FL 34135

**New Principal Place of Business:**

3501 HEALTH CENTER BLVD  
SUITE 2220  
BONITA SPRINGS, FL 34135

**Current Mailing Address:**

3501 HEALTH CENTER BLVD STE 2220  
BONITA SPRINGS, FL 34135

**New Mailing Address:**

3501 HEALTH CENTER BLVD STE 2220  
SUITE 2220  
BONITA SPRINGS, FL 34135

FEI Number: 20-1027837

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

CLASP INC.  
3001 TAMIAMI TR N 4 FLOOR  
NAPLES, FL 34103 US

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

MCCORMACK, DEBRA J  
3501 HEALTH CENTER BLVD  
SUITE 2220  
BONITA SPRINGS, FL 34135 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: DEBRA J MCCORMACK MD

04/19/2005

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: D ( ) Delete  
Name: MCCORMACK, DEBRA J  
Address: 3501 HEALTH CENTER BLVD STE 2220  
City-St-Zip: BONITA SPRINGS, FL 34135

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: DEBRA J MCCORMACK MD

PRES

04/19/2005

Electronic Signature of Signing Officer or Director

Date