

2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000002020

Entity Name: PAGE HEALTHCARE, INC.**Current Principal Place of Business:**2310 N AIRPORT RD
FT MYERS, FL 33907**Current Mailing Address:**2310 N AIRPORT RD
FT MYERS, FL 33907**FEI Number:** 20-8542312**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**EDWARDS, WESTON R
2310 N AIRPORT RD
FT MYERS, FL 33907 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:**_____
Electronic Signature of Registered Agent_____
Date**Officer/Director Detail :**

Title P
Name EDWARDS, WESTON R
Address 2310 NORTH AIRPORT ROAD
City-State-Zip: FORT MYERS FL 33907

Title CHAIRMAN
Name MURRAY, ROBERT L
Address 2310 NORTH AIRPORT ROAD
City-State-Zip: FORT MYERS FL 33907

Title VICE-CHAIR
Name MCCURDY, ROBERT C
Address 2310 N AIRPORT RD
City-State-Zip: FT MYERS FL 33907

Title TREASURER
Name CARLSON, SHEILA
Address 2310 N AIRPORT RD
City-State-Zip: FT MYERS FL 33907

Title DIRECTOR
Name VANDUIJN, ARIE J.
Address 2310 N AIRPORT RD
City-State-Zip: FT MYERS FL 33907

Title DIRECTOR
Name STECHER, JO
Address 2310 N AIRPORT RD
City-State-Zip: FT MYERS FL 33907

Title SECRETARY
Name WHARTON, SANDRA
Address 2310 N AIRPORT RD
City-State-Zip: FT MYERS FL 33907

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 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: WESTON R. EDWARDS**PRESIDENT****02/19/2016**_____
Electronic Signature of Signing Officer/Director Detail_____
Date