

**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