

2022 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000002020

Entity Name: PAGE HEALTHCARE, INC.**Current Principal Place of Business:**6200 WHISKEY CREEK DR
FT MYERS, FL 33901**Current Mailing Address:**6200 WHISKEY CREEK DR
FT MYERS, FL 33901 US**FEI Number:** 20-8542312**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**DUNCAN, GORDON R
1601 JACKSON ST #101
FT MYERS, FL 33901 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	CHAIRMAN
Name	MURRAY, ROBERT L
Address	4100 CENTER POINT DR 112
City-State-Zip:	FT MYERS FL 33916
Title	PC
Name	MURRAY, ROBERT L
Address	6200 WHISKEY CREEK DRIVE
City-State-Zip:	FORT MYERS FL 33919
Title	T
Name	CARLSON, SHEILA
Address	6200 WHISKEY CREEK DR
City-State-Zip:	FT MYERS FL 33901

Title	D, SECRETARY
Name	VANDUIJN, ARIE J
Address	6200 WHISKEY CREEK DR
City-State-Zip:	FT MYERS FL 33901
Title	VC
Name	STECHER, JO
Address	6200 WHISKEY CREEK DR
City-State-Zip:	FT MYERS FL 33901

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: ROBERT MURRAY**PRESIDENT****04/04/2022**_____
Electronic Signature of Signing Officer/Director Detail_____
Date