2015 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

FILED Mar 24, 2015

Secretary of State

CC8189423085

Officer/Director Detail :

Title Title CD

EDWARDS, WESTON R MURRAY, ROBERT L Name Name

Address 2310 NORTH AIRPORT ROAD 6200 WHISKEY CREEK DRIVE Address

City-State-Zip: FORT MYERS FL 33919 FORT MYERS FL 33907 City-State-Zip:

Title TREASURER, DIRECTOR Title VC, DIRECTOR

Name CARLSON, SHEILA MCCURDY, ROBERT C Name Address 7221 KUMQUAT ROAD Address 1613 NORTHEAST SIXTH TERRACE

FORT MYERS FL 33967

City-State-Zip: City-State-Zip: CAPE CORAL FL 33909

Title DIRECTOR Title SECRETARY, DIRECTOR

Name VANDUIJN, ARIE J. Name MOLZOW. TRICIA

Address 12601 STRATHMORE LOOP 2820 SE 19TH PLACE Address

City-State-Zip: FORT MYERS FL 33912 CAPE CORAL FL 33904 City-State-Zip:

Title DIRECTOR Title DIRECTOR

Name WHARTON, SANDRA STECHER, JO Name 2310 N AIRPORT RD Address 633 ASTARIAS CIRCLE Address City-State-Zip: FT MYERS FL 33907 FORT MYERS FL 33965 City-State-Zip:

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/CEO

03/24/2015

Electronic Signature of Signing Officer/Director Detail

Date