# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

02-15-2007 90037-037 ****50.00
FILED
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N44499

1. Entity Name
HEALTHPARK CARE CENTER, INC.

| Principal Place of Business | Mailing Address |
|---|---|
| 16131 ROSERUSH COURT<br>FT MYERS, FL 33908 | 2776 CLEVELAND AVENUE<br>FT MYERS, FL 33901 |

| 2. Principal Place of Business - No P.O. Box # | 3. Mailing Address |
|---|---|
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |
| City & State | City & State |
| Zip / Country | Zip / Country |

01242007 Chg-NP CR2E037 (12/06)

4. FEI Number 65-0319983 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

| 6. Name and Address of Current Registered Agent | 7. Name and Address of New Registered Agent |
|---|---|
| MCGILLICUDDY, MARY A<br>C/O LEE MEMORIAL HOSPITAL<br>2776 CLEVELAND AVE<br>FORT MYERS, FL 33902 | Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City **FL** Zip Code |

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**Filing Fee is $61.25**
**Due by May 1, 2007**

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

**Make check payable to Florida Department of State**

| 10. OFFICERS AND DIRECTORS | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | | |
|---|---|---|---|---|---|
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | S<br>BARRETT, LOIS<br>8701 ESTERO BL SUITE 607<br>FORT MYERS BEACH, FL 33931 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | C<br>BROWN, LINDA ARNP<br>14890 SHRIKE WAY<br>FORT MYERS, FL 33908 | ☒ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | Chairman<br>John D Donaldson MD<br>3487 Broadway<br>Ft Myers Fl 33901 | ☐ Change ☒ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | T<br>STOUT, MARILYN<br>2907 SW 29TH AVE<br>CAPE CORAL, FL 33914 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | VC<br>ENGLISH, JAMES REV<br>1255 FLORIDA AVE<br>FORT MYERS, FL 33901 | ☒ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | VICE-CHAIRMAN<br>Ms Nancy McGovern<br>785 South Entrada Dr<br>Ft Myers FL 33919 | ☐ Change ☒ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Change ☐ Addition |

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:** _____ 2/1/07 239-334-5943
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

3/14 ao