

FILE NOW: FILING FEE IS \$61.25

FILED

Feb 16 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
DOCUMENT # N94000002301 (9)		
1. Corporation Name ISLAND COAST PRIMARY CARE PROJECT INC.		
Principal Place of Business 3745 BROADWAY, SUITE 205 FORT MYERS FL 33901		
Mailing Address 3745 BROADWAY, SUITE 205 FORT MYERS FL 33901		
2. Principal Place of Business 21 9981 HealthPark Circle Suite, Apt. #, etc. 22 Suite 110 City & State 23 Fort Myers, FL Zip 33908 Country Lee		
2a. Mailing Address 26 P.O. Box 08487 Suite, Apt. #, etc. 27 City & State 28 Fort Myers, FL Zip 33908-8487 Country Lee		
3. Date Incorporated or Qualified 05/09/1994		
4. FEI Number 65-0489064		
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required		
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees		
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
9. Name and Address of Current Registered Agent LINDA HIGGINS 3745 BROADWAY, SUITE 205 FORT MYERS FL 33901		
10. Name and Address of New Registered Agent 81 Name Linda Higgins 82 Street Address (P.O. Box Number is Not Acceptable) 9981 HealthPark Circle 83 Suite 110 84 City Fort Myers FL 85 Zip Code 33908		
11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.		
SIGNATURE <i>Linda Higgins</i> Project Administrator Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)		
12. OFFICERS AND DIRECTORS		
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP
DP BARTLETT, JOHN W 9350 CAMELOT DRIVE FORT MYERS FL		D Whitley, Steven R. 2075 W. First Street Fort Myers, FL 33901
D SEITZ, THOMAS L 9350 CAMELOT DRIVE FORT MYERS FL 33919		2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP
DT GUTTERY, EDWIN G III 9350 CAMELOT DRIVE FORT MYERS FL		3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP
D MON, MANUEL J 9350 CAMELOT DRIVE FORT MYERS FL 33919		4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP
DS RITROSKY, JOHN JR 9350 CAMELOT DRIVE FORT MYERS FL		5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP
D WILKE, ANN 3805 FOWLER ST. FT. MYERS FL 33901		6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP
14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.		

SIGNATURE: *Linda Higgins*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-3-98

Date

Daytime Phone # 0007214

CR2E037 (1097)