

**2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N94000002301

**FILED**  
**Jan 09, 2004**  
**Secretary of State****Entity Name:** ISLAND COAST PRIMARY CARE PROJECT INC.**Current Principal Place of Business:**9981 S. HEALTHPARK DRIVE  
SUITE 110  
FORT MYERS, FL 33908 US**New Principal Place of Business:**9800 S. HEALTHPARK DRIVE  
SUITE 410  
FORT MYERS, FL 33908 US**Current Mailing Address:**P.O. BOX 08487  
FORT MYERS, FL 339088487 US**New Mailing Address:**9800 S. HEALTHPARK DRIVE  
SUITE 410  
FORT MYERS, FL 33908 US**FEI Number:** 65-0489064**FEI Number Applied For ( )****FEI Number Not Applicable ( )****Certificate of Status Desired ( )****Name and Address of Current Registered Agent:**JONES, CATHY A  
9981 HEALTHPARK CIRCLE  
SUITE 110  
FORT MYERS, FL 33908 US**Name and Address of New Registered Agent:**JONES, CATHY A  
9800 S. HEALTHPARK DRIVE  
SUITE 410  
FORT MYERS, FL 33908 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: CATHY A. JONES

01/09/2004

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: D ( ) Delete  
Name: BARTLETT, JOHN W  
Address: 9350 CAMELOT DRIVE  
City-St-Zip: FORT MYERS, FL 33919

Title: D ( ) Delete  
Name: WHITLEY, STEVEN R.  
Address: 2075 W. FIRST STREET  
City-St-Zip: FORT MYERS, FL 33901

Title: DT ( ) Delete  
Name: GUTTERY, EDWIN G III  
Address: 9350 CAMELOT DRIVE  
City-St-Zip: FORT MYERS, FL 33919

Title: D ( ) Delete  
Name: MON, MANUEL J  
Address: 9350 CAMELOT DRIVE  
City-St-Zip: FORT MYERS, FL 33919

Title: D ( ) Delete  
Name: RITROSKY, JOHN JR  
Address: 9350 CAMELOT DRIVE  
City-St-Zip: FORT MYERS, FL 33919

Title: DS ( ) Delete  
Name: WILKE, ANN  
Address: 3805 FOWLER ST.  
City-St-Zip: FT. MYERS, FL 33901

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: JOHN RITROSKY, JR

D

01/09/2004

Electronic Signature of Signing Officer or Director

Date