

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N94000002301

FILED
Jan 31, 2007
Secretary of State

Entity Name: ISLAND COAST PRIMARY CARE PROJECT INC.

Current Principal Place of Business:

9800 S. HEALTHPARK DRIVE
SUITE 410
FORT MYERS, FL 33908 US

New Principal Place of Business:

Current Mailing Address:

9800 S. HEALTHPARK DRIVE
SUITE 410
FORT MYERS, FL 33908 US

New Mailing Address:

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
9800 S. HEALTHPARK DRIVE
SUITE 410
FORT MYERS, FL 33908 US

Name and Address of New Registered Agent:

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

OFFICERS AND DIRECTORS:

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

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

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

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

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 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DP (X) Change () Addition
Name: BRIDGE-LILES, KATHLEEN
Address: 9981 S. HEALTHPARK DR
City-St-Zip: FORT MYERS, FL 33908 US

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

Title: () Change () Addition
Name:
Address:
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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 Chapter 119, 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., MD

D

01/31/2007

Electronic Signature of Signing Officer or Director

Date