2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N94000002301

FILED Mar 20, 2009 Secretary of State

Entity Name: ISLAND COAST PRIMARY CARE PROJECT INC.

Current P	rincipal Place	of Business:	New Principal Place	New Principal Place of Business:					
SUITE 410									
	ERS, FL 33908								
Current M	ailing Address	S:	New Mailing Addres	ss:					
	EALTHPARK DI	RIVE							
SUITE 410 FORT MYE	: ERS, FL 33908	US							
FEI Number:	65-0489064	FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired ()					
Name and	Address of Co	urrent Registered Agent:	Name and Address	of New Registered Agent:					
SUITE 410	EALTHPARK DI								
	named entity so of Florida.	ubmits this statement for the pu	rpose of changing its registere	ed office or registered agent, or both,					
SIGNATUR	RE:								
	Electroni	c Signature of Registered Ager	t	Date					
OFFICERS	S AND DIRECT	ORS:	ADDITIONS/CHANG	ES TO OFFICERS AND DIRECTORS:					
Fitle: Name: Address: City-St-Zip:	DP () BRIDGE-LILES, 9981 S. HEALTH FORT MYERS, F	IPARK DR	Title: Name: Address: City-St-Zip:	() Change () Addition					
Fitle: Name: Address: City-St-Zip:	D () WHITLEY, STEV 2075 W. FIRST S FORT MYERS, F	STREET	Title: Name: Address: City-St-Zip:	() Change () Addition					
Title: Name: Address: City-St-Zip:	DT () I GUTTERY, EDW 9350 CAMELOT FORT MYERS, F	DRIVE	Title: Name: Address: City-St-Zip:	() Change () Addition					
Title: Name: Address: City-St-Zip:	D () MON, MANUEL J 9350 CAMELOT FORT MYERS, F	DRIVE	Title: Name: Address: City-St-Zip:	() Change() Addition					
Title: Name: Address: City-St-Zip:	D () I RITROSKY, JOH 9350 CAMELOT FORT MYERS, F	DRIVE	Title: Name: Address: City-St-Zip:	() Change () Addition					
Fitle: Name: Address: City-St-Zip:	DS () WILKE, ANN 3805 FOWLER S FT. MYERS, FL		Title: Name: Address: City-St-Zip:	() Change () Addition					
l h a wa la	-4:E . 414 41 :E.	armatian arrabiad with this filing		untion atotal in Obsertan 440					

I hereby certify that the information supplied with this filing does not qualify 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: CATHY A JONES D 03/20/2009

_ ICPCP

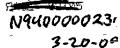
Island Coast Priamary Care Project, Inc

Board of Directors

Position Years of Held On Service Board		-		ιĊ			9			2		_	9		2			20	
Position Held On Board		Member		President			Treasure			Member			Member		Secretary			Member	
Fax Postion Held On Held On		239-334-7518		239-432-3119			239-481-0570			239-481-0570			239-481-0570		239-936-0533			239-334-7009	
Phone		239-332-5714 239-334-7518 Member		239-433-5927 239-432-3119 President			239-481-5437 239-481-0570 Treasure			239-481-5437:239-481-0570 Member			239-481-5437, 239-481-0570 Member		239-936-1645 239-936-0533 Secretary			239-334-9191 239-334-7009 Member	
Address		PO Box 1357	Fort Myers, Florida 33902	9981 S. Health Pank Drive	Fort Myers, Florida 33908		9350 Camelot Drive	Fort Myers, Florida 33919	•	9350 Camelot Drive	Fort Myers, Florida 33919		9350 Camelot Drive	Fort Myers, Florida 33919	3805 Fowler Street	Fort Myer, Florida 33901	5249 Summerlin Commons	Blvd., Ste 100	Fort Myers, Florida 33907
Affiliation Titls	Family Health Centers of SW Florida,	lnc.	Physician	Lee Memorial Health System	Executive Director of Patient Services	Physicians Primary Care of Southwest	Florida	Physician	Physicians Primary Care of Southwest	Fiorida	Physician	Physicians Primary Care of Southwest	Florida	Physician	Lee County Medical Alliance	Executive Director	Wilshire, Whitley, Richardson &	English, P.A	
Namie		Jorges Quinonez, M.D.		Kathy Bridge-Lites, R.N., M.S.			Edwin Guttery, III, M.D., F.A.P.			Manuel Mon, M.D., Ph.D., F.A.A.P			John Ritrosky, Jr. M.D., F.A.A.P.		Anne Wilke			Steven Whitley, C.P.A.	

N94000002301 3-20-09 DOCUMENT# N94000002301

Entity Name: ISLAND COAST PRIMARY CARE PROJECT INC.



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Current Pr	incipal Place of Business:	New Principal Place of Busines	s:
	ALTHPARK DRIVE	· -	
SUITE 410 FORT MYE	ERS, FL 33906 US	- 	
Gurrent M	ailing Address:	New Mailing Address:	
9800 S. HE	EALTHPARK DRIVE		
SUITE 410 FORT MY	ers, fl 33908 US	• . •	
FEI Number:		FEI Number Not Applicable () Certific:	ate of Status Desired ()
Name and	Address of Current Registered Agent:	Name and Address of New Reg	istered Agent:
JONES, C	ATHY A		
	EALTHPARK DRIVE		
	ERS, FL 33908 US	-	
The above in the State	named entity submits this statement for the p	urpose of changing its registered office or t	registered agent, or both,
SIGNATUR	RE:		
	Electronic Signature of Registered Age	nt	Date
OFFICER	s and directors:	ABDITIONS/CHANGES TO OF	FICERS AND DIRECTORS
Tille:	OP () Delete	Title: () Change	Addition
Name: Address:	BRIDGE-LILES, KATHLEEN 9981 S. HEALTHPARK DR	Name: Jorge Quinone	d Ave
City-St-Zip:	FORT MYERS, FL 33908 US	City-St-Zip: 3232 (51 Cut	C 33001
, ,			FL33901
Title:	D () Delete	Title: () Change Name:	() Addition
Name: Address:	WHITLEY, STEVEN R. 2075 W. FIRST STREET	Address:	
City-St-Zip;	FORT MYERS, FL 33901 US	City-St-Zip:	
Title:	D7 () Dølete	Title: () Change	() Addition
Name:	GUTTERY, EDWIN G III	Name:	
Address: City-Si-Zip;	9350 CAMELOT DRIVE FORT MYERS, PL 33919 US	Address: City-St-Zip:	
Title;	D () Delete	Title: () Chango	() Addition
Name:	MON, MANUEL J	Name:	
Andress:	9390 CAMELOT DRIVE	<u>A</u> ddress:	
City-St-Z)p:	FORT MYERS, FL 33919 US	City-St-Zīp:	
Title.	D () Delete		() Addition
Name:	ritrosky, John Jr	Name:	
	9350 CAMELOT DRIVE	Address:	
Address: City-St-Zlp:	FORT MYERS, FL 33918	City-St-Zip:	
		City-St-Zip: Title: () Change	() Addition

I hereby certify that the information supplied with this filling does not qualify 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.

Address:

City-St-Zip;

SIGNATURE:	CATHY A JONES	<u>.</u>	D	03/20/2009

3805 FOWLER ST.

FT. MYERS, FL 33901 US

Address; City-St-Zip: