

# 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 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: DP ( ) Delete  
Name: BRIDGE-LILES, KATHLEEN  
Address: 9981 S. HEALTHPARK DR  
City-St-Zip: FORT MYERS, FL 33908 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: ( ) 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 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

Electronic Signature of Signing Officer or Director

Date

NG4000002301  
3-20-09

# Island Coast Primary Care Project, Inc

## Board of Directors

Name	Affiliation Title	Address	Phone	Fax	Position Held On Board	Years of Service
Jorges Quinonez, M.D.	Family Health Centers of SW Florida, Inc.	PO Box 1357 Fort Myers, Florida 33902	239-332-5714	239-334-7518	Member	1
Kathy Bridge-Liles, R.N., M.S.	Lee Memorial Health System Executive Director of Patient Services	9881 S. HealthPark Drive Fort Myers, Florida 33908	239-433-5927	239-432-3119	President	5
Edwin Guttery, III, M.D., F.A.A.P.	Physicians Primary Care of Southwest Florida	9350 Camelot Drive Fort Myers, Florida 33919	239-481-5437	239-481-0570	Treasure	10
Manuel Mon, M.D., Ph.D., F.A.A.P.	Physicians Primary Care of Southwest Florida	9350 Camelot Drive Fort Myers, Florida 33919	239-481-5437	239-481-0570	Member	10
John Ritrosky, Jr, M.D., F.A.A.P.	Physicians Primary Care of Southwest Florida	9350 Camelot Drive Fort Myers, Florida 33919	239-481-5437	239-481-0570	Member	10
Anne Wilke	Lee County Medical Alliance Executive Director	3806 Fowler Street Fort Myer, Florida 33901	239-936-1645	239-936-0533	Secretary	5
Steven Whitley, C.P.A.	Whilire, Whitley, Richardson & English, P.A	5249 Summerlin Commons Blvd., Ste 100 Fort Myers, Florida 33907	239-334-9191	239-334-7009	Member	5

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Address: 9350 CAMELOT DRIVE  
City-St-Zip: FORT MYERS, FL 33918

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: D ( ) Change ( ) Addition  
Name: Jorge Quinones, MD  
Address: 2232 Grand Ave  
City-St-Zip: Fort Myers, FL 33901

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

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

Title: ( ) Change ( ) Addition  
Name:  
Address:  
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SIGNATURE: CATHY A JONES

Electronic Signature of Signing Officer or Director

D

03/20/2009

Date