

2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N94000002301

FILED
Jan 06, 2010
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
Name: BRIDGE-LILES, KATHLEEN
Address: 9981 S. HEALTHPARK DR
City-St-Zip: FORT MYERS, FL 33908 US

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

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

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

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

I hereby 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 all other like empowered.

SIGNATURE: CATHY A. JONES

MRS.

01/06/2010

Electronic Signature of Signing Officer or Director

Date