

# 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N94000002301

FILED  
Jan 09, 2012  
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:**

4150 FORD STREET EXTENSION  
#1B  
FORT MYERS, FL 33916 US

**Current Mailing Address:**

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

**New Mailing Address:**

4150 FORD STREET EXTENSION  
#1B  
FORT MYERS, FL 33916 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  
9800 S. HEALTHPARK DRIVE  
SUITE 410  
FORT MYERS, FL 33908 US

**Name and Address of New Registered Agent:**

JONES, CATHY A  
4150 FORD STREET EXTENSION  
#1B  
FORT MYERS, FL 33916 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:

01/09/2012

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: P.O. BOX 1020  
City-St-Zip: FORT MYERS, FL 33902 US

Title: DR  
Name: QUINONEZ, JORGE  
Address: P.O. BOX 1357  
City-St-Zip: FORT MYERS, FL 33902 US

Title: DS  
Name: WILKE, ANN  
Address: 13770 PLANTATION ROAD - STE. 1  
City-St-Zip: FT. MYERS, FL 33912 US

Title: DR  
Name: GUTTERY, EDWIN G  
Address: 9350 CAMELOT DR  
City-St-Zip: FORT MYERS, FL 33919

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 JONES

PA

01/09/2012

Electronic Signature of Signing Officer or Director

Date