

DOCUMENT # P96000075933

1. Entity Name

ANCHOR HEALTH CENTERS, P.A.

Feb 08, 2000 8:00 :  
Secretary of State

02-08-2000 90179 048 \*\*\*150.00

Principal Place of Business

Mailing Address

800 GOODLETTE RD NO  
320  
NAPLES FL 34102  
US800 GOODLETTE RD NO  
320  
NAPLES FL 34102-5412  
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

Zip

Country

Zip

Country

4. FEI Number

59-3417916

5. Certificate of Status Desired ☐

\$8.75

Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

B&C CORPORATE SERVICES OF CENTRAL FLA., INC  
390 N. ORANGE AVE., SUITE 1100  
ORLANDO FL 32801

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. 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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible  
Tax filing requirement and elects to do so.  
(See criteria on back) ☒FILE NOW!!! FEE IS \$150.00  
After MAY 1, 2000 Fee will be \$550.00  
Make Check Payable to Department of State10. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS

TITLE P  
NAME JONES, PAUL O MD ☐ Delete  
STREET ADDRESS 800 GOODLETTE RD NO  
CITY-ST-ZIP NAPLES FLTITLE VP  
NAME COURINGTON, KENNETH MD ☐ Delete  
STREET ADDRESS 800 GOODLETTE RD NO  
CITY-ST-ZIP NAPLES FLTITLE S  
NAME VILLACAMPA, DULCE M MD ☐ Delete  
STREET ADDRESS 800 GOODLETTE RD NO  
CITY-ST-ZIP NAPLES FLTITLE T  
NAME PARSONS, GARY A MD ☐ Delete  
STREET ADDRESS 800 GOODLETTE RD N  
CITY-ST-ZIP NAPLES FLTITLE DIRECTOR  
NAME LINDNEA, DAVID MD ☐ Delete  
STREET ADDRESS 800 GOODLETTE RD N STE 320  
CITY-ST-ZIP NAPLES, FL 34102TITLE DIRECTOR  
NAME BALLOPS, MICHAEL MD ☐ Delete  
STREET ADDRESS 800 GOODLETTE RD N STE 320  
CITY-ST-ZIP NAPLES, FL 34102TITLE  
NAME ☐ Change  
STREET ADDRESS  
CITY-ST-ZIPTITLE  
NAME ☐ Change  
STREET ADDRESS  
CITY-ST-ZIPTITLE  
NAME DUDLEY, DULCE V. M.D. ☒  
STREET ADDRESS  
CITY-ST-ZIPTITLE  
NAME ☐ Change  
STREET ADDRESS  
CITY-ST-ZIPTITLE  
NAME ☐ Change  
STREET ADDRESS  
CITY-ST-ZIPTITLE  
NAME ☐ Change  
STREET ADDRESS  
CITY-ST-ZIP

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 607, Florida Statutes; and that my name appears in the report, unchanged, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED: JONES, M. D.

(44) 262-

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

PRESIDENT

Date

Day