* AMENDED *

2000 UNIFORM BUSINESS REPORT (UBR) *AMENDED*

1 of 2

DOCUMENT # 896000075933

1. Entity Name

ANCHOR HEALTH CENTERS, P.A.

FILED
00 JUN 23 AM 10:54
SECRETARY OF STATE
TALLAHASSEE FLORIDA

Principal Place of Business	Mailing Address
2400 9th ST. NORTH STE 400 NAPLES, FL 34103 US	SAME

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3417916 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
B+C CORP. SERVICES OF CENTRAL FLA, INC. 390 N. ORANGE AVE., STE 100 ORLANDO, FL 32801	Name Street Address (P.O. Box Number is Not Acceptable) 600003327276--0 07/19/00--01020--009 City FL Zip Code *****61.25 *****61.25

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 State

10. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P JONES, PAUL O MD 2400 9th ST. N. STE 400 NAPLES, FL 34103	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP BOUCEK, FRANCIS C. MD 2400 9th ST. N. STE 400 NAPLES, FL 34103	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP COURINGTON, KENNETH MD 2400 9th ST. N. STE 400 NAPLES, FL 34103	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D BUONAVOLONTA, JAMES J MD 2400 9th ST N. STE 400 NAPLES, FL 34103	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S DUDLEY, DULCE V. M.D. 2400 9th ST. N. STE 400 NAPLES, FL 34103	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D ALBERT, LAWRENCE H MD 2400 9th ST N STE 400 NAPLES, FL 34103	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T PARSONS, GARY A. MD 2400 9th ST N. STE 400 NAPLES, FL 34103	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP DIAZ, JOHN R. MD 2400 9th ST N. STE 400 NAPLES, FL 34103	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D LINDNER, DAVID MD 2400 9th ST. N. STE 400 NAPLES, FL 34103	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP HANSON, ROBERT E. MD 2400 9th ST N STE 400 NAPLES, FL 34103	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D GALLOPS, MICHAEL MD 2400 9th ST N. STE 400 NAPLES, FL 34103	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	ASST TO VP KOROLEVICH, ROBERT MD 2400 9th ST N. STE 400 NAPLES, FL 34104	☐ Change ☒ Addition

CR2E034 (9/99)

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 Block 11 or Block changed, or on an attachment with an address, with all other like empowered. KE

SIGNATURE: PAUL O. JONES, MD 6/21/00 (941) 262-5228
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — PRESIDENT — Date — Daytime Phone #

ANCHOR HEALTH CENTERS
FEI NUMBER: 59-3417916

12. CONTINUED - FURTHER ADDITIONS TO OFFICERS AND DIRECTORS

TITLE: VP
NAME: WIESEN, SCOTT L. MD
STREET ADDRESS: 2400 9TH ST. N. STE 400
CITY-ST-ZIP: NAPLES, FL 34103

TITLE: VP
NAME: JORDAN, JACOB H. MD
STREET ADDRESS: 2400 9TH ST. N. STE 400
CITY-ST-ZIP: NAPLES, FL 34103

TITLE: VP
NAME: FERGUSON, GEORGE W. MD
STREET ADDRESS: 2400 9TH ST. N. STE 400
CITY-ST-ZIP: NAPLES, FL 34103

TITLE: VP
NAME: FRANCIS, JR., PHILLIP M. MD
STREET ADDRESS: 2400 9TH ST. N. STE 400
CITY-ST-ZIP: NAPLES, FL 34103

TITLE: VP
NAME: KOOP, HERMES O. MD
STREET ADDRESS: 2400 9TH ST. N. STE 400
CITY-ST-ZIP: NAPLES, FL 34103

TITLE: VP
NAME: KYRITSIS, ATHINA L. MD
STREET ADDRESS: 2400 9TH ST. N. STE 400
CITY-ST-ZIP: NAPLES, FL 34103

TITLE: VP
NAME: KIEDROWSKI, BRIAN MD
STREET ADDRESS: 2400 9TH ST. N. STE 400
CITY-ST-ZIP: NAPLES, FL 34103