# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**
**Feb 05, 2001 8:00 am**
**Secretary of State**
02-05-2001 90070 016 ***158.75

DOCUMENT # P96000075933

1. Entity Name
ANCHOR HEALTH CENTERS, P.A.

| Principal Place of Business | Mailing Address |
|---|---|
| 2400 9TH ST. NORTH<br>STE 400<br>NAPLES FL 34103<br>US | 2400 9TH ST. NORTH<br>STE 400<br>NAPLES FL 34103<br>US |

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

00013003

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**

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

**7. Name and Address of New Registered Agent**

Name: Thomas P. Clark
Street Address (P.O. Box Number is Not Acceptable): Henderson & Franklin
[redacted] 1715 Monroe Street
City: Fort Myers FL Zip Code: [redacted] 33901

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: Thomas P. Clark — 1/23/2001
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, 2001 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**

| | | |
|---|---|---|
| TITLE | P | ☐ Delete |
| NAME | JONES, PAUL O MD | |
| STREET ADDRESS | 2400 9TH ST. NORTH STE 400 | |
| CITY-ST-ZIP | NAPLES FL 34103 | |
| TITLE | VP | ☐ Delete |
| NAME | COURINGTON, KENNETH MD | |
| STREET ADDRESS | 2400 9TH ST. NORTH STE 400 | |
| CITY-ST-ZIP | NAPLES FL 34103 | |
| TITLE | S DUDLEY | ☐ Delete |
| NAME | ~~DUDLEY~~, DULCE V M.D. | |
| STREET ADDRESS | 2400 9TH ST. NORTH STE 400 | |
| CITY-ST-ZIP | NAPLES FL 34103 | |
| TITLE | T | ☐ Delete |
| NAME | PARSONS, GARY A MD | |
| STREET ADDRESS | 2400 9TH ST. NORTH STE 400 | |
| CITY-ST-ZIP | NAPLES FL 34103 | |
| TITLE | D LINDNER | ☐ Delete |
| NAME | LINDNER, DAVID MD | |
| STREET ADDRESS | 2400 9TH ST. NORTH STE 400 | |
| CITY-ST-ZIP | NAPLES FL 34103 | |
| TITLE | D | ☐ Delete |
| NAME | GALLOPS, MICHAEL MD | |
| STREET ADDRESS | 2400 9TH ST. NORTH STE 400 | |
| CITY-ST-ZIP | NAPLES FL 34103 | |

**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

| | | |
|---|---|---|
| TITLE | VP of Cardiology | ☐ Change ☑ Addition |
| NAME | BOUCEK, FRANCIS C. MD | |
| STREET ADDRESS | 2400 9TH ST N STE 400 | |
| CITY-ST-ZIP | NAPLES, FL 34103 | |
| TITLE | Director of Cardiac Imaging | ☐ Change ☑ Addition |
| NAME | BUONAVOLONTA, JAMES J MD | |
| STREET ADDRESS | 2400 9TH ST N STE 400 | |
| CITY-ST-ZIP | NAPLES, FL 34103 | |
| TITLE | Director of CP Rehab | ☐ Change ☑ Addition |
| NAME | Albert, Lawrence H., MD | |
| STREET ADDRESS | 2400 9th St N, Suite 400 | |
| CITY-ST-ZIP | NAPLES FL 34103 | |
| TITLE | VP of Strategic Planning | ☐ Change ☑ Addition |
| NAME | DIAZ, JOHN R., MD | |
| STREET ADDRESS | 2400 9TH ST N, Suite 400 | |
| CITY-ST-ZIP | NAPLES FL 34103 | |
| TITLE | VP of Quality Assurance | ☐ Change ☑ Addition |
| NAME | HANSON, ROBERT E, MD | |
| STREET ADDRESS | 2400 9TH ST N, SUITE 400 | |
| CITY-ST-ZIP | NAPLES FL 34103 | |
| TITLE | ASST. VP | ☐ Change ☑ Addition |
| NAME | KOROLEVICH, ROBERT, MD | |
| STREET ADDRESS | 2400 TAMIAMI TRL, SUITE 400 | |
| CITY-ST-ZIP | NAPLES FL 34103 | |

CR2E034 (10/00)

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 12 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:** _____ PAUL O. JONES JR, MD — 1/12/01 — 941-262-5228
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — PRESIDENT — Date — Daytime Phone #

Attachment Sheet

1. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 Document #1996000792 D00136685

ADDITIONS

| OFFICER OR DIRECTOR NAME | TITLE |
|---|---|
| Dr. Scott L. Wiesen<br>2400 9th Street, North, Suite 400<br>Naples, Florida 34103 | Vice President of Gastroenterology<br>VP |
| Dr. Jacob H. Jordan<br>2400 9th Street, North, Suite 400<br>Naples, Florida 34103 | Vice President of Surgery<br>VP |
| Dr. George W. Ferguson<br>2400 9th Street, North, Suite 400<br>Naples, Florida 34103 | Vice President of Facilities<br>VP |
| Dr. Phillip M. Francis, Jr.<br>2400 9th Street, North, Suite 400<br>Naples, Florida 34103 | Vice President of Management Info Systems<br>VP |
| Dr. Hermes O. Koop<br>2400 9th Street, North, Suite 400<br>Naples, Florida 34103 | Vice President of Finance<br>VP |
| Dr. Debra Shepard<br>2400 9th Street, North, Suite 400<br>Naples, Florida 34103 | Vice President of Pediatrics<br>VP |
| Dr. Howard J. Kapp<br>2400 9th Street, North, Suite 400<br>Naples, Florida 34103 | Vice President of Orthopedic Surgery<br>VP |
| Dr. E. Sean Kelley<br>2400 9th Street, North, Suite 400<br>Naples, Florida 34103 | Vice President of Pain Management<br>VP |
| Dr. Mark A. Brown<br>2400 9th Street, North, Suite 400<br>Naples, Florida 34103 | Vice President of Infectious Disease<br>VP |
| Dr. Brian J. Kiedrowski<br>2400 9th Street, North, Suite 400<br>Naples, Florida 34103 | Vice President of Geriatrics<br>VP |
| Dr. Angel H. Herrera<br>2400 9th Street, North, Suite 400<br>Naples, Florida 34103 | Vice President of Walk In Clinic<br>VP |
| Dr. J. P. van Dongen<br>2400 9th Street, North, Suite 400<br>Naples, Florida 34103 | Vice President of Wellness Services<br>VP |