

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P96000075933

FILED  
Mar 15, 2004  
Secretary of State

Entity Name: ANCHOR HEALTH CENTERS, P.A.

## Current Principal Place of Business:

2400 9TH ST. NORTH  
STE 400  
NAPLES, FL 34103 US

## New Principal Place of Business:

## Current Mailing Address:

2400 9TH ST. NORTH  
STE 400  
NAPLES, FL 34103 US

## New Mailing Address:

FEI Number: 59-3417916      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

CLARK, THOMAS P  
HENDERSON & FRANKLIN  
1715 MONROE STREET  
FT MYERS, FL 33901 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

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: P ( ) Delete  
Name: COURINGTON, KENNETH MD  
Address: 2400 9TH ST. NORTH STE 400  
City-St-Zip: NAPLES, FL 34103 US

Title: VP ( ) Delete  
Name: FERGUSON, GEORGE W MD  
Address: 2400 9TH ST. NORTH STE 400  
City-St-Zip: NAPLES, FL 34103 US

Title: S ( ) Delete  
Name: DUDLEY, DULCE V MD  
Address: 2400 9TH ST. NORTH STE 400  
City-St-Zip: NAPLES, FL 34103 US

Title: T ( ) Delete  
Name: KOROLEVICH, ROBERT MD  
Address: 2400 9TH ST. NORTH STE 400  
City-St-Zip: NAPLES, FL 34103 US

Title: D ( ) Delete  
Name: LINDNER, DAVID MD  
Address: 2400 9TH ST. NORTH STE 400  
City-St-Zip: NAPLES, FL 34103 US

Title: AVP ( ) Delete  
Name: GALLOPS, MICHAEL MD  
Address: 2400 9TH ST. NORTH STE 400  
City-St-Zip: NAPLES, FL 34103 US

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: T (X) Change ( ) Addition  
Name: JORDAN, JACOB H MD  
Address: 2400 9TH ST. NORTH STE 400  
City-St-Zip: NAPLES, FL 34103 US

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: AVP (X) Change ( ) Addition  
Name: JONES, PAUL O MD  
Address: 2400 9TH ST. NORTH STE 400  
City-St-Zip: NAPLES, FL 34103 US

I hereby certify that the information supplied with this filing does not qualify for the 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 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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: KENNETH COURINGTON, MD

P

03/15/2004

Electronic Signature of Signing Officer or Director

Date

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