

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 14, 2005 8:00 am
Secretary of State

02-14-2005 90064 050 ***150.00

DOCUMENT # P96000075933

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



Principal Place of Business
**2400 9TH ST. NORTH
STE 400
NAPLES, FL 34103 US**

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

50014651



2. Principal Place of Business

3. Mailing Address

02022005 Chg-P CR2E034 (10/03)

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number
59-3417916

Applied For
Not Applicable

Zip Country

Zip Country

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

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

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE **P** ☐ Delete
NAME **COURINGTON, KENNETH MD**
STREET ADDRESS **2400 9TH ST. NORTH STE 400**
CITY-ST-ZIP **NAPLES, FL 34103**

TITLE **VP** ☒ Delete
NAME **FERGUSON, GEORGE W MD**
STREET ADDRESS **2400 9TH ST. NORTH STE 400**
CITY-ST-ZIP **NAPLES, FL 34103**

TITLE **S** ☒ Delete
NAME **DUDLEY, DULCE V MD**
STREET ADDRESS **2400 9TH ST. NORTH STE 400**
CITY-ST-ZIP **NAPLES, FL 34103**

TITLE **T** ☐ Delete
NAME **JORDAN, JACOB H MD**
STREET ADDRESS **2400 9TH ST. NORTH STE 400**
CITY-ST-ZIP **NAPLES, FL 34103**

TITLE **D** ☒ Delete
NAME **LINDNER, DAVID MD**
STREET ADDRESS **2400 9TH ST. NORTH STE 400**
CITY-ST-ZIP **NAPLES, FL 34103**

TITLE **AVP** ☐ Delete
NAME **JONES, PAUL O MD**
STREET ADDRESS **2400 9TH ST. NORTH STE 400**
CITY-ST-ZIP **NAPLES, FL 34103**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **VP** ☒ Change ☐ Addition
NAME **Dudley, Dulce V. MD**
STREET ADDRESS **2400 9th St. North Ste. 400**
CITY-ST-ZIP **Naples, FL 34103**

TITLE **S** ☒ Change ☐ Addition
NAME **Albert, Lawrence H. MD**
STREET ADDRESS **2400 4th St. North Ste. 400**
CITY-ST-ZIP **Naples, FL 34103**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **D** ☒ Change ☐ Addition
NAME **Anderson, Charles MD**
STREET ADDRESS **2400 9th St. North Ste. 400**
CITY-ST-ZIP **Naples, FL 34103**

TITLE **D** ☒ Change ☐ Addition
NAME **Jones, Paul O. MD**
STREET ADDRESS **2400 4th St. North Ste. 400**
CITY-ST-ZIP **Naples, FL 34103**

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Kenneth Courington **2/8/05**
Date (234) 436-2501

ATTACHMENT A

#P96000075938
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OFFICER OR DIRECTOR NAME	TITLE
Dr. Gary A. Parsons 2400 9 th Street, North, Suite 400 Naples, Florida 34103	Medical Director
Dr. David H. Lindner 2400 9 th Street, North, Suite 400 Naples, Florida 34103	Director of Pulmonary Function Testing
Dr. Howard L. Cohen 2400 9 th Street, North, Suite 400 Naples, Florida 34103	Director of Sleep Medicine
Dr. Jennifer A. DiRocco 2400 9 th Street, North, Suite 400 Naples, Florida 34103	Assistant Vice President of Family Practice
Dr. Jesse H. Haven 2400 9 th Street, North, Suite 400 Naples, Florida 34103	Assistant Vice President of Family Practice
Dr. Robert E. Hanson 2400 9 th Street, North, Suite 400 Naples, Florida 34103	Assistant Vice President of Family Practice
Dr. Julia Harris 2400 9 th Street, North, Suite 400 Naples, Florida 34103	Assistant Vice President of Family Practice
Dr. Francis C. Boucek 2400 9 th Street, North, Suite 400 Naples, Florida 34103	Vice President of Cardiology
Dr. Joseph R. Califano 2400 9 th Street, North, Suite 400 Naples, Florida 34103	Assistant Vice President of Cardiology
Dr. James J. Buonavolonta 2400 9 th Street, North, Suite 400 Naples, Florida 34103	Director of Cardiac Imaging
Dr. David A. Stone 2400 9 th Street, North, Suite 400 Naples, Florida 34103	Assistant Director of Cardiac Imaging
Dr. John R. Diaz 2400 9 th Street, North, Suite 400 Naples, Florida 34103	Director of RFR Clinic

ATTACHMENT ~~#09600005933~~ 50014651

Dr. Scott L. Wiesen 2400 9 th Street, North, Suite 400 Naples, Florida 34103	Vice President of Gastroenterology
Dr. Richard M. Francis, Jr. 2400 9 th Street, North, Suite 400 Naples, Florida 34103	Vice President of Infomatics
Dr. Hermes O. Koop 2400 9 th Street, North, Suite 400 Naples, Florida 34103	Director of Anticoagulation Clinic
Dr. Debra Shepard 2400 9 th Street, North, Suite 400 Naples, Florida 34103	Vice President of Pediatrics
Dr. Howard J. Kapp 2400 9th Street, North, Suite 400 Naples, Florida 34103	Vice President of Orthopedic Surgery
Dr. E. Sean Kelley 2400 9 th Street, North, Suite 400 Naples, Florida 34103	Vice President of Pain Management
Dr. Mark A. Brown 2400 9 th Street, North, Suite 400 Naples, Florida 34103	Vice President of Infectious Disease
Dr. Brian J. Kiedrowski 2400 9 th Street, North, Suite 400 Naples, Florida 34103	Vice President of Geriatrics
Dr. Angel H. Herrera 2400 9 th Street, North, Suite 400 Naples, Florida 34103	Assistant Vice President of Geriatrics
Dr. Ronald T. Garry 2400 9 th Street, North, Suite 400 Naples, Florida 34103	Assistant Vice President of Geriatrics
Dr. George W. Ferguson 2400 9 th Street, North, Suite 400 Naples, Florida 34103	Vice President of Internal Medicine
Dr. Kae Ferber 2400 9 th Street, North, Suite 400 Naples, Florida 34103	Assistant Vice President of Internal Medicine
Dr. David C. White 2400 9 th Street, North, Suite 400 Naples, Florida 34103	Assistant Vice President of Internal Medicine

ATTACHMENT

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Dr. MaryAnn Lomonaco 2400 9th Street, North, Suite 400 Naples, Florida 34103	Assistant Vice President of Internal Medicine
Dr. Anthony Mistretta 2400 9th Street, North, Suite 400 Naples, Florida 34103	Assistant Vice President of Internal Medicine
Dr. Jon S. Douchis 2400 9th Street, North, Suite 400 Naples, Florida 34103	Vice President of Sports Medicine
Dr. Charles J Kilo 2400 9th Street, North, Suite 400 Naples, Florida 34103	Director of Diabetic Education
Dr. Hiranya Rajasinghe 2400 9th Street, North, Suite 400 Naples, Florida 34103	Vice President of Vascular Surgery