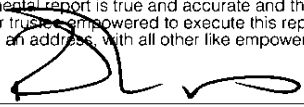


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2007 8:00 am
Secretary of State

04-30-2007 90417 036 ***150.00

DOCUMENT # P96000075933 1. Entity Name ANCHOR HEALTH CENTERS, P.A.					
Principal Place of Business 801 ANCHOR RODE DR STE 200 NAPLES, FL 34103 US			Mailing Address 801 ANCHOR RODE DR STE 200 NAPLES, FL 34103 US		
2. Principal Place of Business - No P.O. Box # 801 ANCHOR RODE DR		3. Mailing Address 801 ANCHOR RODE DR			
Suite, Apt. #, etc. STE 300		Suite, Apt. #, etc. STE 300			
City & State NAPLES, FL		City & State NAPLES, FL		4. FEI Number 59-3417916	
Zip 34103		Country US		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent CLARK, THOMAS P HENDERSON & FRANKLIN 1715 MONROE STREET FT MYERS, FL 33901			7. Name and Address of New Registered Agent 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, 2007 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P COURINGTON, KENNETH MD 801 ANCHOR RODE DR STE 300 NAPLES, FL 34103	☒ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP JONES, PAUL D MD 801 ANCHOR RODE DR STE 300 NAPLES, FL 34103	☒ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S ALBERT, LAWRENCE H MD 801 ANCHOR RODE DR STE 300 NAPLES, FL 34103	☒ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T DOUNCHIS, JON S MD 801 ANCHOR RODE DR STE 300 NAPLES, FL 34103	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ANDERSON, CHARLES MD 801 ANCHOR RODE DR STE 300 NAPLES, FL 34103	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SHEPARD, DEBRA MD 801 ANCHOR RODE DR STE 300 NAPLES, FL 34103	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P HANSON, ROBERT E MD 801 ANCHOR RODE DR STE 300 NAPLES, FL 34103	☐ Change ☐ Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HAVEN, JESSE H. MD 801 ANCHOR RODE DR STE 300 NAPLES, FL 34103	☒ Change ☐ Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S WINZENRIED, GUY R. MD 801 ANCHOR RODE DR STE 300 NAPLES, FL 34103	☒ Change ☐ Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP DOUNCHIS, JON S. MD 801 ANCHOR RODE DR STE 300 NAPLES, FL 34103	☒ Change ☐ Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T SHEPARD, DEBRA B. MD 801 ANCHOR RODE DR STE 300 NAPLES, FL 34103	☒ Change ☐ Addition			
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:  4/24/07 (231) 262-5228 Date Daytime Phone #					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					

ATTACHMENT 40089489

#P9600075932

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Albert, Lawrence H. MD
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ATTACHMENT 40089489

#P96000075933

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