

**2021 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N07000002020

**Entity Name:** PAGE HEALTHCARE, INC.

**Current Principal Place of Business:**

6200 WHISKEY CREEK DR  
FT MYERS, FL 33901

**Current Mailing Address:**

6200 WHISKEY CREEK DR  
FT MYERS, FL 33901 US

**FEI Number:** 20-8542312

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

DUNCAN, GORDON R  
1601 JACKSON ST #101  
FT MYERS, FL 33901 US

**FILED**  
**Feb 09, 2021**  
**Secretary of State**  
**9136570892CC**

*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

**Officer/Director Detail :**

Title CHAIRMAN  
Name MURRAY, ROBERT L  
Address 4100 CENTER POINT DR  
112  
City-State-Zip: FT MYERS FL 33916

Title D  
Name VANDUIJN, ARIE J  
Address 6200 WHISKEY CREEK DR  
City-State-Zip: FT MYERS FL 33901

Title PC  
Name MURRAY, ROBERT L  
Address 6200 WHISKEY CREEK DRIVE  
City-State-Zip: FORT MYERS FL 33919

Title VC  
Name STECHER, JO  
Address 6200 WHISKEY CREEK DR  
City-State-Zip: FT MYERS FL 33901

Title S  
Name WHARTON, SANDRA  
Address 6200 WHISKEY CREEK DR  
City-State-Zip: FT MYERS FL 33901

Title T  
Name CARLSON, SHEILA  
Address 6200 WHISKEY CREEK DR  
City-State-Zip: FT MYERS FL 33901

*I hereby 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 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE: ROBERT L. MURRAY**

**CHAIRMAN**

**02/09/2021**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date