## 2015 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P13000043593

Entity Name: ESTATES MEDICAL CENTER, INC.

**Current Principal Place of Business:** 

11725 COLLIER BLVD STE H NAPLES. FL 34116

## **Current Mailing Address:**

11725 COLLIER BLVD STE H NAPLES, FL 34116 US

FEI Number: 46-2785093 Certificate of Status Desired: No

## Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301 US

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

**FILED** Feb 24, 2015

**Secretary of State** 

CC9296515241

## Officer/Director Detail:

PRESIDENT, CEO, DIRECTOR Title Title

SECRETARY-TREASURER, CFO,

**DIRECTOR** 

DIRECTOR

MCCOLLAUM, MARC E Name

MCCOLLAUM, MONICA Name

281 10TH AVE NW Address City-State-Zip: NAPLES FL 34120

281 10TH AVE NW Address

City-State-Zip: NAPLES FL 34120

Title MEDICAL DIRECTOR

ZARRANZ, ROBERT S Name

Name ZARRANZ, LISA

Title

Address 1525 SW 52ND TERR

Address 1525 SW 52ND TERR

City-State-Zip: CAPE CORAL FL 33914

City-State-Zip: CAPE CORAL FL 33914

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

SIGNATURE: MARC MCCOLLAUM, MPAS, PAC

PRESIDENT/CEO

02/24/2015

Electronic Signature of Signing Officer/Director Detail

Date