

2018 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**Officer/Director Detail :**

Title PRESIDENT, CEO, DIRECTOR
Name MCCOLLAUM, MARC E
Address 281 10TH AVE NW
City-State-Zip: NAPLES FL 34120

Title MEDICAL DIRECTOR/SURGERY
Name ZARRANZ, ROBERT S
Address 1525 SW 52ND TERR
City-State-Zip: CAPE CORAL FL 33914

Title SECRETARY-TREASURER, CFO,
DIRECTOR
Name MCCOLLAUM, MONICA
Address 281 10TH AVE NW
City-State-Zip: NAPLES FL 34120

Title MEDICAL DIRECTOR
Name YUVIENCO, CHRISTOPHER DR.
Address 11725 COLLIER BLVD STE H
City-State-Zip: NAPLES FL 34116

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: MONICA MCCOLLAUM

CFO

04/23/2018

Electronic Signature of Signing Officer/Director Detail_____
Date