

**2020 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:**281 10TH AVENUE NW  
NAPLES, FL 34120 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	SECRETARY-TREASURER, CFO, DIRECTOR
Name	MCCOLLAUM, MONICA
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	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

01/27/2020

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