

2024 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:**PO BOX 111570
NAPLES, FL 34108 US**FEI Number:** 46-2785093**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**MCCOLLAUM, MARC EDWIN
281 10TH AVE. NW.
NAPLES, FL 34120 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:** MARC EDWIN MCCOLLAUM

02/13/2024

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

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

Title SECRETARY-TREASURER, CFO,
DIRECTOR
Name MCCOLLAUM, MONICA INGVALDSEN
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

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 MCCOLLAUMSECRETARY-
TREASURER, CFO,
DIRECTOR

02/13/2024

Electronic Signature of Signing Officer/Director Detail

Date