

**2019 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:** Yes**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

04/17/2019

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