2011 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 21, 2011
Secretary of State

DOCUMENT# M96859

Entity Name: AMERICAN MEDIC OF CHARLOTTE COUNTY, P.A.

Current Principal Place of Business:

2343 AARON ST
PORT CHARLOTTE, FL 33952

New Principal Place of Business:

Current Mailing Address:

2343 AARON ST
PORT CHARLOTTE, FL 33952

New Mailing Address:

FEI Number: 65-0070709 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

MYERS, JOHN D DR.
2335 AARON ST.
PORT CHARLOTTE, FL 33952 US

Name and Address of New Registered Agent:

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

OFFICERS AND DIRECTORS:

Title: P
Name: MYERS, JOHN D DR.
Address: 2343 AARON ST
City-St-Zip: PORT CHARLOTTE, FL 33952

Title: S
Name: BURGESS, RAYMOND R DR.
Address: 2343 AARON ST
City-St-Zip: PT CHARLOTTE, FL 33952

Title: D
Name: KALOSIS, JOHN J DR.
Address: 2343 AARON ST
City-St-Zip: PORT CHARLOTTE, FL 33952

Title: D
Name: DASH, JEFFREY A DR.
Address: 2343 AARON ST
City-St-Zip: PORT CHARLOTTE, FL 33952

Title: D
Name: KOBLISKA, DAVID R DR.
Address: 2343 AARON ST
City-St-Zip: PORT CHARLOTTE, FL 33952

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: DR. JOHN D. MYERS P 04/21/2011

Electronic Signature of Signing Officer or Director Date