

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P97000068647

**FILED**  
**May 01, 2006**  
**Secretary of State**

**Entity Name:** CHARLENE Q. OKOMSKI, D.O., P.A.

**Current Principal Place of Business:**

19521 TOLEDO BLADE BLVD.  
PORT CHARLOTTE, FL 33948

**New Principal Place of Business:**

6210 SCOTT STREET  
UNIT 216  
PUNTA GORDA, FL 33950

**Current Mailing Address:**

2000 JAMAICA WAY  
PUNTA GORDA, FL 33950

**New Mailing Address:**

2608 RIO PLATO DRIVE  
PUNTA GORDA, FL 33950

FEI Number: 65-0773070

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

QUINN, JAMES P  
19521 TOLEDO BLADE BLVD  
PORT CHARLOTTE, FL 33948 US

**Name and Address of New Registered Agent:**

QUINN, JAMES P  
2608 RIO PLATO DRIVE  
PUNTA GORDA, FL 33950 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: JAMES P QUINN

05/01/2006

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: D ( ) Delete  
Name: OKOMSKI, CHARLENE Q  
Address: 2000 JAMAICA WAY  
City-St-Zip: PUNTA GORDA, FL 33950

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: D (X) Change ( ) Addition  
Name: OKOMSKI, CHARLENE Q  
Address: 2608 RIO PLATO DRIVE  
City-St-Zip: PUNTA GORDA, FL 33950

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: CHARLENE OKOMSKI

D

05/01/2006

Electronic Signature of Signing Officer or Director

Date