

2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N11000000334

FILED
Mar 05, 2012
Secretary of State

Entity Name: TEAM PORT CHARLOTTE, INC.

Current Principal Place of Business:

2280 AARON ST
PORT CHARLOTTE, FL 33952

New Principal Place of Business:

Current Mailing Address:

2280 AARON ST
PORT CHARLOTTE, FL 33952

New Mailing Address:

FEI Number: 27-4668313

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

RUSSELL, W KEVIN
14295 S TAMiami TRAIL
NORTH PORT, FL 34287 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: D
Name: HAGEMAN, JAMES C
Address: 2484 CELEBES CT
City-St-Zip: PUNTA GORDA, FL 33983

Title: D
Name: RICE, THOMAS J
Address: C/O FAWCETT MEM. HOSPITAL-21298 OLEAN BLVD
City-St-Zip: PORT CHARLOTTE, FL 33949

Title: D
Name: SWANSON, SUSAN
Address: 2210 AARON ST
City-St-Zip: PORT CHARLOTTE, FL 33952

Title: T
Name: GARRITON, PATRICIA
Address: 1266 GREEN OAK TRAIL
City-St-Zip: PORT CHARLOTTE, FL 33948

Title: D
Name: CANJA, TESS
Address: 1166 WINSTON ST
City-St-Zip: PORT CHARLOTTE, FL 33952

Title: D
Name: CLANCY, JOE
Address: PEACE RIVER REG. MED CTR-2500 HARBOR BLVD
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 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: PAT GARRITON, TREASURER

T

03/05/2012

Electronic Signature of Signing Officer or Director

Date