

**2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N11000000334

**FILED**  
**Mar 26, 2014**  
**Secretary of State**  
**CC7655985508**

**Entity Name:** TEAM PORT CHARLOTTE, INC.

**Current Principal Place of Business:**

C/O FAWCETT MEMORIAL HOSPITAL  
21298 OLEAN BOULEVARD ATTN: MR, TOM RICE  
PORT CHARLOTTE, FL 33952

**Current Mailing Address:**

P.O. BOX 496093  
PORT CHARLOTTE, FL 33949-6093 US

**FEI Number:** 27-4668313

**Certificate of Status Desired:** No

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

RUSSELL, W KEVIN  
14295 S TAMIAMI TRAIL  
NORTH PORT, FL 34287 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 D  
Name RICE, THOMAS J  
Address C/O FAWCETT MEM. HOSPITAL-21298  
OLEAN BLVD  
City-State-Zip: PORT CHARLOTTE FL 33949

Title DIRECTOR  
Name GARRITON, PATRICIA A  
Address 1266 GREEN OAK TRAIL  
HERITAGE OAK PARK  
City-State-Zip: PORT CHARLOTTE FL 33948

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

Title PRESIDENT  
Name NOLES, NICOLE A  
Address 22377 OLEAN BOULEVARD  
City-State-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:** PATRICIA A. GARRITON

**DIRECTOR**

**03/26/2014**

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

\_\_\_\_\_  
Date