

2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N11000000334

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