

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 324331 (8)
1. Corporation Name
INTER-MEDIC HEALTH CENTER OF CHARLOTTE, INC.

Principal Place of Business Mailing Address
2885 TAMiami TRAIL 2885 TAMiami TRAIL
PORT CHARLOTTE FL 33952 PORT CHARLOTTE FL 33952

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip 28 Zip
24 Country 29 Country

3. Date Incorporated or Qualified 3a. Date of Last Report
12/20/1967 02/07/1994
4. FBI Number 4b. Applied For
59-1365533 Not Applicable
5. Certificate of Status Desired \$8.75 Additional
Fee Required
6. Election Campaign Financing \$5.00 May Be
Trust Fund Contribution Added to Fees
8. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes Yes No

9. Name and Address of Current Registered Agent
PEET, GEURT C
2885 TAMiami TRAIL
PORT CHARLOTTE FL 33952

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 Zip Code

11. Pursuant to the provisions of Sections 607.054(2) and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE C.O.O. GEURT C. PEET 1/30/95
DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PP	1.1 TITLE	☐ Change ☐ Addition
NAME	CASANOVA, L. M.D.	1.2 NAME	
STREET ADDRESS	2885 TAMiami TRAIL	1.3 STREET ADDRESS	
CITY-ST-ZIP	PORT CHARLOTTE FL	1.4 CITY-ST-ZIP	
TITLE	VD	2.1 TITLE	☐ Change ☐ Addition
NAME	HOWARD, V. M.D.	2.2 NAME	
STREET ADDRESS	2885 TAMiami TRAIL	2.3 STREET ADDRESS	
CITY-ST-ZIP	PORT CHARLOTTE FL	2.4 CITY-ST-ZIP	
TITLE	TD	3.1 TITLE	☐ Change ☐ Addition
NAME	WAZNY, T. M.D.	3.2 NAME	
STREET ADDRESS	2885 TAMiami TRAIL	3.3 STREET ADDRESS	
CITY-ST-ZIP	PORT CHARLOTTE FL	3.4 CITY-ST-ZIP	
TITLE	SD	4.1 TITLE	☐ Change ☐ Addition
NAME	SPENCER, S. M.D.	4.2 NAME	
STREET ADDRESS	2885 TAMiami TRAIL	4.3 STREET ADDRESS	
CITY-ST-ZIP	PORT CHARLOTTE FL	4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 signature appears in Block 12 or Block 13 of this report, or on an attachment with an address.

SIGNATURE: LUIS A. CASANOVA, M.D., PRESIDENT

APPROVED
AND
FILED
95 FEB 24 AM 8:54
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

400001417874
-03/01/95--01006--001
****200.00 ****200.00

DO NOT WRITE IN THIS SPACE.

2/24/95
MS

RECEIVED FEB 18 1995