

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 03, 2000 8:00 am
Secretary of State

02-20-2000 90049 013 ***150.00

DOCUMENT # 324331

1. Entity Name

INTER-MEDIC HEALTH CENTER OF CHARLOTTE, INC.

Principal Place of Business

2885 TAMiami TRAIL
 PORT CHARLOTTE FL 33952

Mailing Address

2885 TAMiami TRAIL
 PORT CHARLOTTE FL 33952-5132

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number **59-1365533**

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

~~KIRCH, SUSAN~~
 2885 TAMiami TR
 PT CHARLOTTE FL 33952

7. Name and Address of New Registered Agent

Name **MICHAEL T. KARCH**
 Street Address (P.O. Box Number is Not Acceptable)
2885 TAMiami TRAIL
 City **PORT CHARLOTTE** FL Zip Code **33952**

8. 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 **MICHAEL T. KARCH** *Michael T. Karch* Administrator **3-13-00**
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	RODRIGUEZ, V MD	
STREET ADDRESS	2885 TAMiami TRAIL	
CITY-ST-ZIP	PORT CHARLOTTE FL	
TITLE	P	<input checked="" type="checkbox"/> Delete
NAME	ADHI, B MD	
STREET ADDRESS	2885 TAMiami TRAIL	
CITY-ST-ZIP	PORT CHARLOTTE FL	
TITLE	V	<input checked="" type="checkbox"/> Delete
NAME	HEAGNEY, MICHAEL MD	
STREET ADDRESS	2885 TAMiami TRAIL	
CITY-ST-ZIP	PORT CHARLOTTE FL 33952	
TITLE	T	<input type="checkbox"/> Delete
NAME	MELSER, MARK MD	
STREET ADDRESS	2885 TAMiami TRAIL	
CITY-ST-ZIP	PORT CHARLOTTE FL 33952	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	VICE PRESIDENT	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BAROUI, ISSA MD	
STREET ADDRESS	2885 TAMiami TRAIL	
CITY-ST-ZIP	PORT CHARLOTTE, FL 33952	
TITLE	SECRETARY	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	TORNER, J MD	
STREET ADDRESS	2885 TAMiami TRAIL	
CITY-ST-ZIP	PORT CHARLOTTE, FL 33952	
TITLE	PRESIDENT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental 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 name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *[Signature]* **2/11/00**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR20004 (0/00)