

**2001 UNIFORM BUSINESS REPORT (UBR)****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**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

Zip

Country

Zip

Country

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

**KARCH, MICHAEL T  
2885 TAMiami TR  
PORT CHARLOTTE FL 33952**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

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

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, 2001 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: **V** ☒ Delete  
NAME: **BAROUDI, ISSA MD**  
STREET ADDRESS: **2885 TAMiami TRAIL**  
CITY-ST-ZIP: **PORT CHARLOTTE FL 33952**TITLE: **S** ☐ Delete  
NAME: **TORNER, J MD**  
STREET ADDRESS: **2885 TAMiami TRAIL**  
CITY-ST-ZIP: **PORT CHARLOTTE FL 33952**TITLE: **P** ☒ Delete  
NAME: **HEAGNEY, MICHAEL MD**  
STREET ADDRESS: **2885 TAMiami TRAIL**  
CITY-ST-ZIP: **PORT CHARLOTTE FL 33952**TITLE: **T** ☐ Delete  
NAME: **MELSER, MARK MD**  
STREET ADDRESS: **2885 TAMiami TRAIL**  
CITY-ST-ZIP: **PORT CHARLOTTE FL 33952**TITLE: ☐ Delete  
NAME:  
STREET ADDRESS:  
CITY-ST-ZIP:TITLE: ☐ Delete  
NAME:  
STREET ADDRESS:  
CITY-ST-ZIP:

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE: ☐ Change ☐ Addition  
NAME:  
STREET ADDRESS:  
CITY-ST-ZIP:TITLE: **P** ☒ Change ☐ Addition  
NAME:  
STREET ADDRESS:  
CITY-ST-ZIP:TITLE: **T** ☒ Change ☐ Addition  
NAME:  
STREET ADDRESS:  
CITY-ST-ZIP:TITLE: **V** ☒ Change ☐ Addition  
NAME:  
STREET ADDRESS:  
CITY-ST-ZIP:TITLE: **S** ☐ Change ☒ Addition  
NAME: **Amontree, James MD**  
STREET ADDRESS: **1117 San Mateo Drive**  
CITY-ST-ZIP: **Punta Gorda, FL 33950**TITLE: ☐ Change ☐ 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 for a change of name or power of attorney.

SIGNATURE: *Michael Karch*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**FILED**  
**Feb 01, 2001 8:00 am**  
**Secretary of State**

02-01-2001 90024 001 \*\*\*150.00

**911000**

DO NOT WRITE IN THIS SPACE

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CR2E034 (10/00)