2005 FOR PROFIT CORPORATION ANNUAL REPORT

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Mar 08, 2005 8:00 am
Secretary of State
02-07-2005 90049 031 ***150.00

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01312005 Chg-P CR2E034 (10/03)

DOCUMENT # 324331

1. Entity Name
INTER-MEDIC HEALTH CENTER OF CHARLOTTE, INC.

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

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	P.O. Box 495897 Suite, Apt. #, etc.
City & State	City & State: Port Charlotte, FL
Zip / Country	Zip: 33949-5897 Country: USA

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	7. Name and Address of New Registered Agent
KARCH, MICHAEL T 2885 TAMIAMI TR PORT CHARLOTTE, FL 33952	Name Street Address (P.O. Box Number is Not Acceptable): 21292 PEMBERTON AVE. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2005 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P TORNER, J MD 2885 TAMIAMI TRAIL PORT CHARLOTTE, FL 33952	☑ Delete	President Heagney, Michael, M.D. 4550 Grassy Point Blvd. Port Charlotte, FL 33952	☑ Change ☐ Addition P
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T HEAGNEY, MICHAEL MD 2885 TAMIAMI TRAIL PORT CHARLOTTE, FL 33952	☐ Delete	Treasurer Victor M. Rodriguez, M.D. 2525 HARBOR BLVD PORT CHARLOTTE FL 33952	☑ Change ☐ Addition T
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V MELSER, MARK MD 2885 TAMIAMI TRAIL PORT CHARLOTTE, FL 33952	☑ Delete	Vice President Fabian, Thomas, M.D. 1200 Salon St, #178 Lynnfield, MA 01940	☑ Change ☐ Addition VP
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S AMONTREE, JAMES MD. 1117 SAN MATEO DRIVE PUNTA GORDA, FL 33950	☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	Chairman Holt, William, D.O. 19401 Lauzon Ave. Port Charlotte, FL 33949	☐ Change ☑ Addition C
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Michael T. Karch 2-2-05 941-629-0622
SIGNATURE AND TYPED OR PRINTED NAME OF RECEIVING OFFICER OR DIRECTOR — Date — Daytime Phone #