

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 25, 2006 8:00 am
Secretary of State

01-25-2006 90031 048 ***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
PO BOX 495897
PORT CHARLOTTE, FL 33949-5897



01162006 Chg-P CR2E034 (11/05)

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number
59-1365533

Applied For
Not Applicable

Zip

Country

Zip

Country

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
21292 PEMBERTON AVE
PORT CHARLOTTE, FL 33952

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 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

T
NAME RODRIGUEZ, VICTOR M MD
STREET ADDRESS 2525 HARBOR BLVD
CITY-ST-ZIP PORT CHARLOTTE, FL 33952

☐ Change ☐ Addition

P
NAME HEAGNEY, MICHAEL MD
STREET ADDRESS 4550 GRASSY POINT BLVD
CITY-ST-ZIP PORT CHARLOTTE, FL 33952

☐ Change ☐ Addition

V
NAME FABIEN, THOMAS MD
STREET ADDRESS 1200 SALON ST #178
CITY-ST-ZIP LYNNFIELD, MA 01940

V Fabian
☐ Change ☐ Addition

S
NAME AMONTREE, JAMES MD.
STREET ADDRESS 1117 SAN MATEO DRIVE
CITY-ST-ZIP PUNTA GORDA, FL 33950

☐ Change ☐ Addition

C
NAME HOLT, WILLIAM DO
STREET ADDRESS 1940 LAUZON AVE
CITY-ST-ZIP PORT CHARLOTTE, FL 33949

☐ Change ☐ Addition

☐ Delete

☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 power 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-19-06

Date

441-629-0622

Daytime Phone #