


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 16, 2007 8:00 am
Secretary of State


01-16-2007 90215 034 ***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
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2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

60001492



01082007 Chg-P CR2E034 (12/06)

4. FEI Number 59-1365533	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent	
KARCH, MICHAEL T. 21292 PEMBERTON AVE 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T RODRIGUEZ, VICTOR M MD 2525 HARBOR BLVD PORT CHARLOTTE, FL 33952 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P HEAGNEY, MICHAEL MD 4550 GRASSY POINT BLVD PORT CHARLOTTE, FL 33952 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V FABIAN, THOMAS MD 1200 SALON ST #178 LYNNFIELD, MA 01940 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S AMONTREE, JAMES MD. 1117 SAN MATEO DRIVE PUNTA GORDA, FL 33950 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	C HOLT, WILLIAM DO 1940 LAUZON AVE PORT CHARLOTTE, FL 33949 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition P.O. Box 380655 Murdock, FL 33938-0655
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 4520 Grassy Point Blvd. Port Charlotte, FL 33952
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 4161 Tamiami Trail - Ste. 201 Port Charlotte, FL 33952
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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 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 **MICHAEL T. KARCH** 1/8/07 941-628-0679

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #