

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 324331

FILED
Feb 17, 2009
Secretary of State

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

Current Principal Place of Business:

2885 TAMIAMI TRAIL
PORT CHARLOTTE, FL 33952

New Principal Place of Business:

Current Mailing Address:

PO BOX 495897
PORT CHARLOTTE, FL 339495897

New Mailing Address:

FEI Number: 59-1365533

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

KARCH, MICHAEL T
21292 PEMBERTON AVE
PORT CHARLOTTE, FL 33952 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: T () Delete
Name: RODRIGUEZ, VICTOR M MD
Address: PO BOX 380655
City-St-Zip: MURDOCK, FL 33938

Title: P () Delete
Name: HEAGNEY, MICHAEL MD
Address: 4550 GRASSY POINT BLVD
City-St-Zip: PORT CHARLOTTE, FL 33952

Title: V () Delete
Name: FABIAN, THOMAS MD
Address: 4520 GRASSY POINT BLVD
City-St-Zip: PORT CHARLOTTE, FL 33952

Title: S () Delete
Name: AMONTREE, JAMES MD.
Address: 1117 SAN MATEO DRIVE
City-St-Zip: PUNTA GORDA, FL 33950

Title: C () Delete
Name: HOLT, WILLIAM DO
Address: 4161 TAMIAMI TR SUITE 201
City-St-Zip: PORT CHARLOTTE, FL 33952

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MICHAEL HEAGNEY, M.D.

P

02/17/2009

Electronic Signature of Signing Officer or Director

Date