

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 324331

FILED  
Mar 16, 2011  
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:**

1525 DORCHESTER STREET  
PORT CHARLOTTE, FL 33952

**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

**OFFICERS AND DIRECTORS:**

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

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

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

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

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

I hereby 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 all other like empowered.

SIGNATURE: MICHAEL HEAGNEY, M.D.

P

03/16/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date