

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 18, 2005 8:00 am
Secretary of State

01-18-2005 90043 020 ****70.00

DOCUMENT # 716784

1. Entity Name
CHARLOTTE COUNTY MEDICAL SOCIETY, INC.



Principal Place of Business
**2885 TAMiami TRAIL
PORT CHARLOTTE, FL 33952 US**

Mailing Address
**PO BOX 380817
MURDOCK, FL 33938-0817**

40002132



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01122005

Chg-NP

CR2E037 (10/03)

City & State

City & State

4. FEI Number

23-7027155

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

**GARRITON, PATRICIA A.
2885 TAMiami TRAIL
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

**Filing Fee is \$61.25
Due by May 1, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**Make check payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **DS** ☐ Delete
NAME **BARTEK, JAMES P M.D.**
STREET ADDRESS **2885 TAMiami TRAIL**
CITY-ST-ZIP **PORT CHARLOTTE, FL 33952**

TITLE ☒ Change ☐ Addition
NAME **DS**
STREET ADDRESS
CITY-ST-ZIP

TITLE **DT** ☐ Delete
NAME **HANSON, LENITA M.D.**
STREET ADDRESS **2126 OLEAN BLVD., SUITE 6**
CITY-ST-ZIP **PORT CHARLOTTE, FL 33952**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **EDM** ☐ Delete
NAME **GARRITON, PAT**
STREET ADDRESS **2450 TAMiami TRAIL STE F**
CITY-ST-ZIP **PORT CHARLOTTE, FL 33952**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **VP** ☐ Delete
NAME **KLEIN, DAVID M M.D.**
STREET ADDRESS **1600 TAMiami TRAIL, SUITE A**
CITY-ST-ZIP **PORT CHARLOTTE, FL 33948**

TITLE **P** ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **P** ☐ Delete
NAME **RICE, DAVID C MD**
STREET ADDRESS **3175 HARBOR BLVD**
CITY-ST-ZIP **PORT CHARLOTTE, FL 33952**

TITLE **1 PPD** ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **IPPD** ☐ Delete
NAME **RIoux, JOHN P**
STREET ADDRESS **2885 TAMiami TRAIL**
CITY-ST-ZIP **PORT CHARLOTTE, FL 33952**

TITLE **S** ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with another like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/12/05 *941 625-6229*