2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 28, 2009
Secretary of State

DOCUMENT# 716784

Entity Name: CHARLOTTE COUNTY MEDICAL SOCIETY, INC.

Current Principal Place of Business:

1266 GREEN OAK TRAIL
PORT CHARLOTTE, FL 33948 US

New Principal Place of Business:

Current Mailing Address:

PO BOX 380817
MURDOCK, FL 339380817

New Mailing Address:

PO BOX 380817
MURDOCK, FL 339380817 US

FEI Number: 23-7027155 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

GARRITON, PAT A EX DIR.
1266 GREEN OAK TRAIL
PORT CHARLOTTE, FL 33948 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:	P	( ) Delete
Name:	KAPLAN, KENNETH A M.D.	
Address:	3080 HARBOR BOULEVARD	
City-St-Zip:	PORT CHARLOTTE, FL 33952 US	
Title:	VP	( ) Delete
Name:	MELSER, MARC A M.D.	
Address:	3410 TAMIAMI TRAIL, SUITE 4	
City-St-Zip:	PORT CHARLOTTE, FL 33952 US	
Title:	EDM	( ) Delete
Name:	GARRITON, PAT A EX. DIR	
Address:	1266 GREEN OAK TRAIL	
City-St-Zip:	PORT CHARLOTTE, FL 33948	
Title:	PPD	( ) Delete
Name:	HANSON, LENITA M.D.	
Address:	21216 OLEAN BOULEVARD, SUITE 6	
City-St-Zip:	PORT CHARLOTTE, FL 33952 US	
Title:	T	( ) Delete
Name:	VAKIL, SAMIR S DPM	
Address:	3406 TAMIAMI TRAIL	
City-St-Zip:	PORT CHARLOTTE, FL 33952 US	
Title:	D	( ) Delete
Name:	RIOUX, JOHN P	
Address:	21260 OLEAN BOULEVARD, SUITE 200	
City-St-Zip:	PORT CHARLOTTE, FL 33952 US	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:	P	(X) Change ( ) Addition
Name:	MELSER, MARC A M.D.	
Address:	3410 TAMIAMI TRAIL	
City-St-Zip:	PORT CHARLOTTE, FL 33952 US	
Title:	VP	(X) Change ( ) Addition
Name:	MOSS, JOHN A M.D.	
Address:	6230 SCOTT STREET, SUITE 111	
City-St-Zip:	PUNTA GORDA, FL 33950 US	
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:	PPD	(X) Change ( ) Addition
Name:	KAPLAN, KENNETH M.D.	
Address:	3080 HARBOR BOULEVARD	
City-St-Zip:	PORT CHARLOTTE, FL 33952 US	
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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: PAT GARRITON EDM 01/28/2009

Electronic Signature of Signing Officer or Director — Date