

2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 716784

FILED
Feb 15, 2011
Secretary of State

Entity Name: CHARLOTTE COUNTY MEDICAL SOCIETY, INC.

Current Principal Place of Business:

21234 OLEAN BOULEVARD
PORT CHARLOTTE, FL 33952 US

New Principal Place of Business:

Current Mailing Address:

PO BOX 380817
MURDOCK, FL 339380817 US

New Mailing Address:

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: PPD
Name: MOSS, JOHN A M.D.
Address: 6230 SCOTT STREET, SUITE 111
City-St-Zip: PUNTA GORDA, FL 33950 US

Title: P
Name: VAKIL, SAMIR S D.P.M.
Address: 3406 TAMiami TRAIL
City-St-Zip: PORT CHARLOTTE, FL 33952 US

Title: EDM
Name: GARRITON, PAT A EX. DIR
Address: P.O. BOX 380817
City-St-Zip: MURDOCK, FL 339380817

Title: D
Name: MELSER, MARC A M.D.
Address: 3410 TAMiami TRAIL, SUITE 4
City-St-Zip: PORT CHARLOTTE, FL 33952 US

Title: VP
Name: CONSTANCE, CHRISTOPHER G M.D.
Address: 2525 HARBOR BOULEVARD, SUITE 310
City-St-Zip: PORT CHARLOTTE, FL 33952 US

Title: D
Name: RIOUX, JOHN P
Address: 21260 OLEAN BOULEVARD, SUITE 200
City-St-Zip: PORT CHARLOTTE, FL 33952 US

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 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: PAT GARRITON

ED

02/15/2011

Electronic Signature of Signing Officer or Director

Date