

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State

1996-28-90 B-1657 DIVISION OF CORPORATIONS C

DOCUMENT # L35690

(1)

1. Corporation Name

CHARLOTTE MEDICAL ASSOCIATES, P.A.

Principal Place of Business

% JACK O. HACKETT, II
115 W. OLYMPIA AVENUE
PUNTA GORDA FL 33950

Mailing Address

% JACK O. HACKETT, II
115 W. OLYMPIA AVENUE
PUNTA GORDA FL 33950



3. Date Incorporated or Qualified

12/12/1989

3a. Date of Last Report

05/01/1995

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

4. FEI Number

65-0159455

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

☒ Yes

☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

HACKETT, JACK O., II
115 WEST OLYMPIA AVENUE
PUNTA GORDA FL 33950

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and DUL if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE DP ☐ DELETE

NAME NANDIGAM, BALA K.
STREET ADDRESS 2400 HARBOR BLVD., #22
CITY-ST-ZIP PORT CHARLOTTE FL

TITLE DVS ☐ DELETE

NAME NANDIGAM, USHA K.
STREET ADDRESS 2400 HARBOR BLVD., #22
CITY-ST-ZIP PORT CHARLOTTE FL

TITLE T ☐ DELETE

NAME NANDIGAM, USHA K.
STREET ADDRESS 2400 HARBOR BLVD., #22
CITY-ST-ZIP PORT CHARLOTTE FL

TITLE ☐ DELETE

NAME
STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 607, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/30/96 813-625-6187

Date

Daytime Phone #

CR2E034 (12/95)