

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 19, 2004 8:00 am
Secretary of State

04-19-2004 90272 030 ***150.00

DOCUMENT # M96859

1. Entity Name
AMERICAN MEDIC OF CHARLOTTE COUNTY, P.A.



Principal Place of Business
2343 AARON RD
PORT CHARLOTTE, FL 33952

Mailing Address
2343 AARON RD
PORT CHARLOTTE, FL 33952

94054171



01082004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0070709

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

KALOSIS, JOHN J
2335 AARON ST.
PORT CHARLOTTE, FL 33952

**DO NOT WRITE
IN THIS SPACE**

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable.

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	VP
NAME	MYERS, JOHN
STREET ADDRESS	2343 AARON ST
CITY-ST-ZIP	PORT CHARLOTTE, FL
TITLE	S
NAME	BURGESS, RAYMOND R
STREET ADDRESS	2343 AARON ST
CITY-ST-ZIP	PT CHARLOTTE, FL
TITLE	P
NAME	KALOSIS, JOHN J
STREET ADDRESS	2343 AARON ST
CITY-ST-ZIP	PORT CHARLOTTE, FL 33952
TITLE	D
NAME	DASH, JEFFREY
STREET ADDRESS	2343 AARON ST
CITY-ST-ZIP	PORT CHARLOTTE, FL 33952
TITLE	D
NAME	FERNANDEZ, LUIS
STREET ADDRESS	2343 AARON ST
CITY-ST-ZIP	PORT CHARLOTTE, FL 33952
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

DELETE

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

SIGNATURE:

[Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/10/04

Date

941/629-2900

Daytime Phone #