

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 18, 2007 8:00 am
Secretary of State

04-18-2007 90178 027 ***150.00

DOCUMENT # M96859

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



Principal Place of Business
**2343 AARON ST
PORT CHARLOTTE, FL 33952**

Mailing Address
**2343 AARON ST
PORT CHARLOTTE, FL 33952**



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

04042007

Chg-P

CR2E034 (12/06)

City & State

City & State

4. FEI Number

65-0070709

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

**KALOSIS, JOHN J
2335 AARON ST.
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

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **VP** ☐ Delete
NAME **MYERS, JOHN**
STREET ADDRESS **2343 AARON ST**
CITY-ST-ZIP **PORT CHARLOTTE, FL**

TITLE **P** ☒ Change ☐ Addition
NAME **MYERS, JOHN**
STREET ADDRESS **2343 AARON ST.**
CITY-ST-ZIP **PORT CHARLOTTE, FL 33952**

TITLE **S** ☐ Delete
NAME **BURGESS, RAYMOND R**
STREET ADDRESS **2343 AARON ST**
CITY-ST-ZIP **PT CHARLOTTE, FL**

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

TITLE **P** ☐ Delete
NAME **KALOSIS, JOHN J**
STREET ADDRESS **2343 AARON ST**
CITY-ST-ZIP **PORT CHARLOTTE, FL 33952**

TITLE **D** ☒ Change ☐ Addition
NAME **KALOSIS, JOHN J.**
STREET ADDRESS **2343 AARON ST.**
CITY-ST-ZIP **PORT CHARLOTTE, FL 33952**

TITLE **D** ☐ Delete
NAME **DASH, JEFFREY**
STREET ADDRESS **2343 AARON ST**
CITY-ST-ZIP **PORT CHARLOTTE, FL 33952**

TITLE **D** ☐ Change ☒ Addition
NAME **MARCUS, GLENN**
STREET ADDRESS **2343 AARON ST.**
CITY-ST-ZIP **PORT CHARLOTTE, FL 33952**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **D** ☐ Change ☒ Addition
NAME **SHELL, STEVEN**
STREET ADDRESS **2343 AARON ST.**
CITY-ST-ZIP **PORT CHARLOTTE, FL 33952**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **D** ☐ Change ☐ Addition
NAME **SHELL, STEPHANIE**
STREET ADDRESS **2343 AARON ST.**
CITY-ST-ZIP **PORT CHARLOTTE, FL 33952**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**JOHN MYERS
PRESIDENT**

4/6/07

Date

941/629-2900

Office Phone #