

**2004 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Feb 11, 2004 8:00 am**  
**Secretary of State**

02-11-2004 90034 020 \*\*\*\*61.25

**DOCUMENT # N00000002903**

**1. Entity Name**  
**CHARLOTTE COUNTY MEDICAL MANAGEMENT  
ASSOCIATION, INC.**



**Principal Place of Business**  
**2421 SHREVE ST #113**  
**PUNTA GORDA, FL 33950**

**Mailing Address**  
**2421 SHREVE ST #113**  
**PUNTA GORDA, FL 33950**

**DO NOT WRITE IN THIS SPACE**



01072004 No Chg-NP CR2E037 (10/03)

<b>4. FEI Number</b> <b>65-1015581</b>	<b>Applied For</b> <input type="checkbox"/> <b>Not Applicable</b>
<b>5. Certificate of Status Desired</b> <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>

**6. Name and Address of Current Registered Agent**

**HARFST, MARY**  
**2421 SHREVE ST #113**  
**PUNTA GORDA, FL 33950**

**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**

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

(NOTE: Registered Agent signature required when reinstating)

**DATE**

**Filing Fees: \$61.25**  
**Due by May 1, 2004**

**9. Election Campaign Financing**  
**Trust Fund Contribution** ☐

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

**10. OFFICERS AND DIRECTORS**

<b>TITLE</b>	<b>PD</b>
<b>NAME</b>	<b>HANDLEN, DOROTHY</b>
<b>STREET ADDRESS</b>	<b>3867 LUBEC AVE.</b>
<b>CITY-ST-ZIP</b>	<b>NORTH PORT, FL 34287</b>

<b>TITLE</b>	<b>D</b>
<b>NAME</b>	<b>HARFST, MARY</b>
<b>STREET ADDRESS</b>	<b>1626 ALABTROSS DR</b>
<b>CITY-ST-ZIP</b>	<b>PUNTA GORDA, FL 33950</b>

<b>TITLE</b>	<b>DS</b>
<b>NAME</b>	<b>FISHER, SHIRLOU</b>
<b>STREET ADDRESS</b>	<b>28007 N TWIN LAKES DR</b>
<b>CITY-ST-ZIP</b>	<b>PUNTA GORDA, FL 33955</b>

<b>TITLE</b>	
<b>NAME</b>	
<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>	

<b>TITLE</b>	
<b>NAME</b>	
<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>	

<b>TITLE</b>	
<b>NAME</b>	
<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>	

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IN THIS SPACE**

**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 617, 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:**

*M. Harfst*

**SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**

**Date**

**Daytime Phone #**

*1-22-04 941-639-5200*