

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 03, 2006 08:00 AM
Secretary of State

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
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01052006 No Chg-NP CRZE037 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-1015581	☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent HARFST, MARY 2421 SHREVE ST #113 PUNTA GORDA, FL 33950
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**DO NOT WRITE
IN THIS SPACE**

6. 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 re-registering) **DATE** _____

Filing Fee is \$81.25
Due by May 1, 2006

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

U00000490792
04/18/06 80072-002 61.25

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD HANDLEN, DOROTHY 3867 LUBEC AVE. NORTH PORT, FL 34287
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HARFST, MARY 1626 ALABTROSS DR PUNTA GORDA, FL 33950
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS FISHER, SHIRLOU 28007 N TWIN LAKES DR PUNTA GORDA, FL 33955
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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IN THIS SPACE**

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 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:

Mary Harfst

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/29/6 941-639-5200
Date Daytime Phone #