


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 26, 2007 8:00 am
Secretary of State

03-26-2007 90063 009 ****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

40041228



2. Principal Place of Business - No P.O. Box #
 3161 HARBOR BLVD
 Suite, Apt. #, etc. A

3. Mailing Address
 P.O. BOX 494710
 Suite, Apt. #, etc.

01262007 Chg-NP CR2E037 (12/06)

City & State
 PORT CHARLOTTE FL

City & State
 PORT CHARLOTTE FL

Zip
 33952

Country
 USA

Zip
 33949

Country
 USA

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

7. Name and Address of New Registered Agent
 Name TRACY ROHLING
 Street Address (P.O. Box Number is Not Acceptable)
 3161 HARBOR BLVD - STE A
 City Port Charlotte FL Zip Code 33952

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 *Tracy Rohling* DATE 3/22/07

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

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

Filing Fee is \$61.25 Due by May 1, 2007

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD HANDLEN, DOROTHY 3867 LUBEC AVE. NORTH PORT, FL 34287	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DD MCKENNA, LINDA 3410 TAMiami TRl STE2 Pt. Charlotte FL 33952	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HARFST, MARY 1626 ALABTROSS DR PUNTA GORDA, FL 33950	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	T ROHLING, TRACY 3161 HARBOR BLVD - STE A Pt CHARLOTTE FL 33952	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS FISHER, SHIRLOU 28007 N TWIN LAKES DR PUNTA GORDA, FL 33955	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS JOZEFIAH, Deniece 4067 Ashby LANE North Port, FL 34288	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *Tracy Rohling* DATE 3/22/07

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #