2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 06, 2009
Secretary of State

DOCUMENT# N00000002903

Entity Name: CHARLOTTE COUNTY MEDICAL MANAGEMENT ASSOCIATION, INC.

Current Principal Place of Business:

3161 HARBOR BLVD
A
PORT CHARLOTTE, FL 33952

New Principal Place of Business:

Current Mailing Address:

PO BOX 494710
PORT CHARLOTTE, FL 33949

New Mailing Address:

FEI Number: 65-1015581 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

ROHLING, TRACY
3161 HARBOR BLVD STE A
PORT CHARLOTTE, FL 33952 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: MCKENNA, LINDA
Address: 3410 TAMIAMI TRL STE 2
City-St-Zip: PORT CHARLOTTE, FL 33952

Title: T ( ) Delete
Name: ROHLING, TRACY
Address: 3161 HARBOR BLVD STE A
City-St-Zip: PORT CHARLOTTE, FL 33952

Title: DS ( ) Delete
Name: JOZEFIAH, DENIECE
Address: 4067 ASHBY LANE
City-St-Zip: NORTH PORT, FL 34288

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: TRACY L ROHLING TRES 07/06/2009

Electronic Signature of Signing Officer or Director — Date