

2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000002903

FILED
Feb 15, 2010
Secretary of State

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 ()

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
Name: MCKENNA, LINDA
Address: 3410 TAMiami TRL STE 2
City-St-Zip: PORT CHARLOTTE, FL 33952

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

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

I hereby 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 all other like empowered.

SIGNATURE: TRACY L ROHLING

T

02/15/2010

Electronic Signature of Signing Officer or Director

Date