FILED
Mar 13, 2003 8:00 am
Secretary of State
01-27-2003 90208 046 ****61.25

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

55016213

DOCUMENT # N00000002903

1. Entity Name

CHARLOTTE COUNTY MEDICAL MANAGEMENT ASSOCIATION, INC.

Principal Place of Business	Mailing Address
2421 SHREVE ST #113 PUNTA GORDA FL 33950	2421 SHREVE ST #113 PUNTA GORDA FL 33950

☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

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	7. Name and Address of New Registered Agent
HARFST, MARY 2421 SHREVE ST #113 PUNTA GORDA FL 33950	Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code

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

FILE NOW: FEE IS $61.25

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

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	P BUNDY, BRENDA 617 W OLYMPIA AVE PUNTA GORDA FL 33950 ☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P Dorothy Handlon 3867 Lubec Ave North Port FL 34287 ☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T HARFST, MARY 1626 ALBATROSS DR PUNTA GORDA FL 33950 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D MARY HARFST 1626 ALBATROSS DR. Punta Gorda FL 33950 ☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S Fisher BUNDY, SHERLOU 28007 N TWIN LAKES DR PUNTA GORDA FL 33955 Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DS Fisher-Sherlou 28007 N. Twin Lakes Dr. Punta Gorda FL 33955 ☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

CR2E037 (10/02)

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: SIGNATURE REQUIRED 1-16-03 941 639-5200
SIGNATURE AND TYPED OR PRINTED NAME OF EXISTING OFFICER OR DIRECTOR — Date — Daytime Phone #