2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2007
Secretary of State

DOCUMENT# N06000009074

Entity Name: CHARLOTTE COUNTY CARE TEAM, INC.

Current Principal Place of Business:

25550 HARBORVIEW ROAD
SUITE 1
PORT CHARLOTTE, FL 33980

New Principal Place of Business:

Current Mailing Address:

25550 HARBORVIEW ROAD
SUITE 1
PORT CHARLOTTE, FL 33980

New Mailing Address:

FEI Number: 20-5505459 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

MCGEHEE, DENISE B
25550 HARBORVIEW ROAD
SUITE 1
PORT CHARLOTTE, FL 33980 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: P ( ) Delete
Name: MCGEHEE, DENISE B
Address: 25550 HARBORVIEW ROAD, SUITE 1
City-St-Zip: PORT CHARLOTTE, FL 33980

Title: VP ( ) Delete
Name: DRAKE, SHELDON J
Address: 25550 HARBORVIEW ROAD, SUITE 1
City-St-Zip: PORT CHARLOTTE, FL 33980

Title: S ( ) Delete
Name: MILOSKY, BERNARD
Address: 25550 HARBORVIEW ROAD, SUITE 1
City-St-Zip: PORT CHARLOTTE, FL 33980

Title: T ( ) Delete
Name: WEIGLE, EDITH A
Address: 25550 HARBORVIEW ROAD, SUITE 1
City-St-Zip: PORT CHARLOTTE, FL 33980

Title: PC ( ) Delete
Name: ACCARDI, ALICIA
Address: 25550 HARBORVIEW ROAD, SUITE 1
City-St-Zip: PORT CHARLOTTE, FL 33980

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition
Name: DRAKE, SHELDON J
Address: 25550 HARBORVIEW ROAD, SUITE 1
City-St-Zip: PORT CHARLOTTE, FL 33980

Title: VP (X) Change ( ) Addition
Name: MCGEHEE, DENISE B
Address: 25550 HARBORVIEW ROAD, SUITE 1
City-St-Zip: PORT CHARLOTTE, FL 33980

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

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

Title: PC (X) Change ( ) Addition
Name: SCHUMAKER, PAUL
Address: 25550 HARBORVIEW ROAD, SUITE 1
City-St-Zip: PORT CHARLOTTE, FL 33980

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: DENISE B MCGEHEE VP 04/26/2007

Electronic Signature of Signing Officer or Director — Date