

2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N09000001785

FILED
Jan 05, 2011
Secretary of State

Entity Name: CHARLOTTE COUNTY MEDICAL SOCIETY CHARITABLE ASSOCIATION, INC.

Current Principal Place of Business:

21434 OLEAN BLVD
PORT CHARLOTTE, FL 33952

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 380817
MURDOCK, FL 339380817

New Mailing Address:

FEI Number: 26-4434512

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

GARRITON, PAT
1266 GREEN OAK TRAIL
PORT CHARLOTTE, FL 33948 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: MENDEZ, ELVIN M MD
Address: 3410 TAMiami TRAIL, SUITE 1
City-St-Zip: PORT CHARLOTTE, FL 33952

Title: VPD
Name: RIOUX, JOHN P MD
Address: 21260 OLEAN BLVD, SUITE 200
City-St-Zip: PORT CHARLOTTE, FL 33952

Title: SD
Name: GARRITON, PAT
Address: P.O. BOX 380817
City-St-Zip: MURDOCK, FL 339380817

Title: TD
Name: VAKIL, SAMIR S DPM
Address: 3406 TAMiami TRAIL
City-St-Zip: PORT CHARLOTTE, FL 33952

Title: D
Name: ASPERILLA, MARIANITO O
Address: 3300 TAMiami TRAIL, SUITE 102-A
City-St-Zip: PORT CHARLOTTE, FL 33952

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: PAT GARRITON

E.D.

01/05/2011

Electronic Signature of Signing Officer or Director

Date