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NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**  
**Mar 04, 1999 8:00 am**  
**Secretary of State**

03-04-1999 90204 050 \*\*\*\*61.25

**DOCUMENT # N14192**

1. Corporation Name

**THE PORT CHARLOTTE MEDICAL PAVILION OWNERS' ASSO  
CIATION, INC.**

Principal Place of Business

2525 HARBOR BLVD.  
PORT CHARLOTTE FL 33952

Mailing Address

2525 HARBOR BLVD.  
PORT CHARLOTTE FL 33952



2. Principal Place of Business

21 Suite, Apt. #, etc.  
22 315

23 City & State

24 Zip Country  
25

2a. Mailing Address

26 Suite, Apt. #, etc.  
27 315

28 City & State

29 Zip Country  
30

3. Date Incorporated or Qualified

04/04/1986

4. FEI Number

65-0106397

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution ☐

**\$5.00** May Be  
Added to Fees

9. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE FL 32301

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

**FL**

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD ☐ DELETE

NAME BUTLER, JOE, JR., M.D.  
STREET ADDRESS 2525 HARBOR BLVD. SUITE 309  
CITY-ST-ZIP PORT CHARLOTTE FL 33952

TITLE SD ☐ DELETE

NAME BALLESTAS, DAVID M.D.  
STREET ADDRESS 2525 HARBOR BLVD. SUITE 101  
CITY-ST-ZIP PORT CHARLOTTE FL 33952

TITLE VPD ☐ DELETE

NAME NARAYAN, DEV M.D.  
STREET ADDRESS 2525 HARBOR BLVD. SUITE 203  
CITY-ST-ZIP PORT CHARLOTTE FL 33952

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

*[Signature]*

22-99

941-629-7597

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