

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 21, 2002 8:00 am
Secretary of State

02-21-2002 90036 010 ****61.25

0047413

DOCUMENT # N14192

1. Entity Name

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

Principal Place of Business

Mailing Address

2525 HARBOR BLVD.
 #315
 PORT CHARLOTTE FL 33952

ATTN: BETTY ANN HUGHES, BLDG MGR
 2525 HARBOR BLVD., #315
 PORT CHARLOTTE FL 33952

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

65-0106397

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

**CORPORATION SERVICE COMPANY
 1201 HAYS STREET
 TALLAHASSEE FL 32301**

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
 Trust Fund Contribution. ☐

\$5.00 May Be
 Added to Fees

**Make Check Payable to
 Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

TITLE ☐ Change ☐ Addition
 NAME ☐ Change ☐ Addition
 STREET ADDRESS ☐ Change ☐ Addition
 CITY-ST-ZIP ☐ Change ☐ Addition

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

TITLE ☐ Change ☐ Addition
 NAME ☐ Change ☐ Addition
 STREET ADDRESS ☐ Change ☐ Addition
 CITY-ST-ZIP ☐ Change ☐ Addition

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

TITLE ☐ Change ☐ Addition
 NAME ☐ Change ☐ Addition
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 CITY-ST-ZIP ☐ Change ☐ Addition

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 CITY-ST-ZIP ☐ Change ☐ Addition

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
JOE BUTLER, JR., M.D.

Date

Daytime Phone #

941-629-7597

CR2E037 (9/01)