2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 21, 2005 8:00 am
Secretary of State
07-21-2005 90030 021 ****61.25

DOCUMENT # N14192

1. Entity Name
THE PORT CHARLOTTE MEDICAL PAVILION OWNERS' ASSOCIATION, INC.

50056730

Principal Place of Business	Mailing Address
2525 HARBOR BLVD. PORT CHARLOTTE, FL 33952	PO BOX 511286 PUNTA GORDA, FL 33951-1286

07152005 Chg-NP CR2E037 (10/03)

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc. SUITE 104
City & State	City & State PORT CHARLOTTE FL
Zip / Country	Zip 33952 / Country USA

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. I am familiar with, and accept the obligations of registered agent.

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

Filing Fee is $61.25 **Due by September 7, 2005**	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	VD BUTLER, JOE, JR., M.D. 2525 HARBOR BLVD. SUITE 309 PORT CHARLOTTE, FL 33952	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD BALLESTAS, DAVID M.D. 2525 HARBOR BLVD. SUITE 101 PORT CHARLOTTE, FL 33952	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPD NARAYAN, DEV M.D. 2525 HARBOR BLVD. SUITE 203 PORT CHARLOTTE, FL 33952	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD CONSTANCE, CHRISTOPHER M.D. 713 E. MARION AVE SUITE 301 PUNTA GORDA, FL 33950	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPD	☒ 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

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: _____ 7-18-05 941-629-7597
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #