

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N14192

FILED
Aug 04, 2006
Secretary of State

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

Current Principal Place of Business:

2525 HARBOR BLVD.
PORT CHARLOTTE, FL 33952

New Principal Place of Business:

Current Mailing Address:

2525 HARBOR BLVD.
SUITE 104
PORT CHARLOTTE, FL 33952

New Mailing Address:

FEI Number: 65-0106397 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301 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 () Delete
Name: BUTLER, JOE, JR., M.D.
Address: 2525 HARBOR BLVD. SUITE 309
City-St-Zip: PORT CHARLOTTE, FL 33952

Title: SD () Delete
Name: BALLESTAS, DAVID M.D.
Address: 2525 HARBOR BLVD. SUITE 101
City-St-Zip: PORT CHARLOTTE, FL 33952

Title: VPD () Delete
Name: CONSTANCE, CHRISTOPHER M.D.
Address: 713 E. MARION AVE SUITE 301
City-St-Zip: PUNTA GORDA, FL 33950

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

I hereby certify that the information supplied with this filing does not qualify for the 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: JOE BUTLER JR., MD

PD

08/04/2006

Electronic Signature of Signing Officer or Director

Date