

# **2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N14192

**FILED**  
**Mar 25, 2012**  
**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. #104  
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 ( )**

**Name and Address of Current Registered Agent:**

BUTLER, JR., JOE M.D.  
2525 HARBOR BLVD.  
PORT CHARLOTTE, FL 33952 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: BUTLER, JOE, JR., M.D.  
Address: 2525 HARBOR BLVD. SUITE 309  
City-St-Zip: PORT CHARLOTTE, FL 33952

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

Title: VPD  
Name: SZNURKOWSKI, RICHARD M.D.  
Address: 2525 HARBOR BLVD. SUITE 314  
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: JOE BUTLER JR

PD

03/25/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date