

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 03/15/99: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



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

FILED
Jul 29, 1999 8:00 am
Secretary of State

07-29-1999 90017 013 ****70.00

DOCUMENT # N93000002864

1. Corporation Name

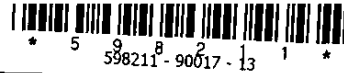
CHARLOTTE COUNTY PHYSICIANS FOR VOLUNTEER SERVICE, INC.

Principal Place of Business

3195 TAMiami TRAIL
PORT CHARLOTTE FL 33952

Mailing Address

3195 TAMiami TRAIL
PORT CHARLOTTE FL 33952



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

3. Date Incorporated or Qualified

06/17/1993

4. FEI Number

65-0423496

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

GARRITON, PAT
3195 TAMiami TRAIL
PORT CHARLOTTE FL 33952

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 DT ☐ DELETE

NAME GOGGIN, JOSEPH R
STREET ADDRESS 2595 HARBOR BLVD., S-201
CITY-ST-ZIP PORT CHARLOTTE FL

TITLE DP ☐ DELETE

NAME AMONTREE, JAMES S
STREET ADDRESS 2885 TAMiami TRAIL
CITY-ST-ZIP PORT CHARLOTTE FL

TITLE DS ☐ DELETE

NAME JANZ, TIMOTHY A
STREET ADDRESS 713 E MARION AVE., S-200
CITY-ST-ZIP PUNTA GORDA FL

TITLE D ☐ DELETE

NAME KLEIN, DAVID M
STREET ADDRESS 2595 HARBOR BLVD, STE 207
CITY-ST-ZIP PT CHARLOTTE FL

TITLE D ☐ DELETE

NAME TORNER, JAIME
STREET ADDRESS INTER-MEDIC HEALTH CTR, 2885 TAMiami TRL
CITY-ST-ZIP PT CHARLOTTE FL

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:

Pat Garriton
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/23/99

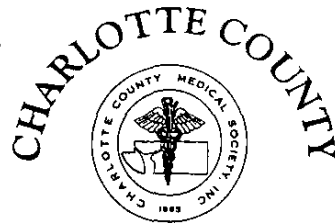
Date

(41) 625-6229

Daytime Phone #

CR2E037 (5/99)

N938000202864
598211-90017-13



(941) 625-6229 • FAX (941) 743-5245

MEDICAL SOCIETY

MEMORANDUM

DATE: October 12, 1998
FROM: Pat Garriton, Executive Director

RE: **Charlotte County Medical Society
Has a New Office!**

It is my pleasure to advise you that thanks to our President, Dr. William A. Holt and the wonderful people at Inter-Medic Health Center, the Charlotte County Medical Society now has a new home. We ask that you kindly make note of our new mailing address as well as our new physical location. They are as follows:

Mailing Address

Charlotte County Medical Society
Post Office Box 380817
Murdock, Florida 33938-0817

Physical Address

Promenade Mall
3280 Tamiami Trail, Suite 29-A
Port Charlotte, Florida 33952

Our telephone number (941) 625-6229 and our fax number (941) 743-5245 remain the same, or you may wish to e-mail us at www.director@charlottecountydoctors.com.