

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 10, 2004 8:00 am
Secretary of State

02-10-2004 90088 001 ***140.00

DOCUMENT # N93000002864

1. Entity Name

CHARLOTTE COUNTY PHYSICIANS FOR VOLUNTEER SERVICES, INC.



Principal Place of Business

Mailing Address

**2450 TAMIAMI TRAIL
SUITE F
PORT CHARLOTTE FL 33952**

**P.O. BOX 380817
MURDOCK FL 33938-0817**

bb4U14b7



MOORE CR2E037 (11/03)

2. Principal Place of Business

3. Mailing Address

2885 Tamiami Trail

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Port Charlotte, Fl.

City & State

4. FEI Number

65-0423496

Applied For

Not Applicable

Zip

33952

Country

Charlotte

Zip

Country

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

**GARRITON, PAT
2450 TAMIAMI TRAIL
SUITE F
PORT CHARLOTTE FL 33952**

Name

Garriton, Pat

Street Address (P.O. Box Number is Not Acceptable)

2885 Tamiami Trail

City

Port Charlotte

FL

Zip Code

33952

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

**FILE NOW: FEE IS \$61.25
Due By May 1, 2004**

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 PD ☐ Delete
NAME GOGGIN, JOSEPH R M.D.
STREET ADDRESS P.O. BOX 2226
CITY-ST-ZIP PORT CHARLOTTE FL 33949-2226

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

TITLE DT ☐ Delete
NAME RICE, DAVID C MD
STREET ADDRESS 3175 HARBOR BLVD
CITY-ST-ZIP PORT CHARLOTTE FL 33952

TITLE PRES. ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE DS ☐ Delete
NAME KLEIN, DAVID M M.D
STREET ADDRESS 1600 TAMIAMI TRAIL, SUITE A
CITY-ST-ZIP PORT CHARLOTTE FL 33948

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

TITLE D ☒ Delete
NAME TORNER, JAIME M.D
STREET ADDRESS INTER-MEDIC HEALTH CTR, 2885 TAMIAMI TRL
CITY-ST-ZIP PT CHARLOTTE FL

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

TITLE EDM ☐ Delete
NAME GARRITON, PAT
STREET ADDRESS 2450 TAMIAMI TRAIL STE F
CITY-ST-ZIP PORT CHARLOTTE FL 33952

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

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:

Pat Garriton

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2/4/04

941 625-6229