


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 18, 2005 8:00 am
Secretary of State

01-18-2005 90043 021 ****70.00

DOCUMENT # N93000002864	
1. Entity Name CHARLOTTE COUNTY PHYSICIANS FOR VOLUNTEER SERVICES, INC.	

Principal Place of Business 2885 TAMiami TRAIL PORT CHARLOTTE, FL 33952	Mailing Address P.O. BOX 380817 MURDOCK, FL 33938-0817
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



01132005 Chg-NP CR2E037 (10/03)

4. FEI Number 65-0423496	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent	
GARRITON, PAT 2885 TAMiami TRAIL PORT CHARLOTTE, FL 33952	

7. Name and Address of New Registered Agent	
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 May 1, 2005	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make check payable to: Florida Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GOGGIN, JOSEPH R M.D P.O. BOX 2226 PORT CHARLOTTE, FL 339492226 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JOHN P. RIOUX, MD 3280 TAMiami TRAIL, Suite 3 PORT CHARLOTTE, FL 33952 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	R RICE, DAVID C MD 3175 HARBOR BLVD PORT CHARLOTTE, FL 33952 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS KLEIN, DAVID M M.D 1600 TAMiami TRAIL, SUITE A PORT CHARLOTTE, FL 33948 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	EDM GARRITON, PAT 2450 TAMiami TRAIL STE F PORT CHARLOTTE, FL 33952 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: *Pat Garriton* **1/13/05** **941 695-6929**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #