

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N93000002864

FILED
Jan 24, 2007
Secretary of State

Entity Name: CHARLOTTE COUNTY PHYSICIANS FOR VOLUNTEER SERVICES, INC.

Current Principal Place of Business:

1266 GREEN OAK TRAIL
PORT CHARLOTTE, FL 33948 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 380817
MURDOCK, FL 339380817

New Mailing Address:

P.O. BOX 380817
MURDOCK, FL 339380817 US

FEI Number: 65-0423496

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GARRITON, PAT
1266 GREEN OAK TRAIL
PORT CHARLOTTE, FL 33948 US

Name and Address of New Registered Agent:

GARRITON, PAT A EX. DIR
1266 GREEN OAK TRAIL
PORT CHARLOTTE, FL 33948 US

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: PAT A. GARRITON

01/24/2007

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: HANSON, LENITA MD
Address: 2126 OLEAN BOULEVARD, SUITE 6
City-St-Zip: PORT CHARLOTTE, FL 33952

Title: DS () Delete
Name: KLEIN, DAVID M M.D
Address: 1600 TAMiami TRAIL, SUITE A
City-St-Zip: PORT CHARLOTTE, FL 33948

Title: EDM () Delete
Name: GARRITON, PAT
Address: 1266 GREEN OAK TRAIL
City-St-Zip: PORT CHARLOTTE, FL 33948

Title: D () Delete
Name: RIOUX MD, JOHN P
Address: 3280 TAMiami TRAIL SUITE 3
City-St-Zip: PORT CHARLOTTE, FL 33952

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: HANSON, LENITA MD
Address: 2126 OLEAN BOULEVARD, SUITE 6
City-St-Zip: PORT CHARLOTTE, FL 33952

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

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

Title: D (X) Change () Addition
Name: RIOUX MD, JOHN P
Address: 21260 OLEAN BOULEVARD, SUITE 200
City-St-Zip: PORT CHARLOTTE, FL 33952 US

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: LENITA HANSON, M.D.

D

01/24/2007

Electronic Signature of Signing Officer or Director

Date