

2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N93000002864

FILED
Jan 11, 2012
Secretary of State

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

Current Principal Place of Business:

21234 OLEAN BOULEVARD
PORT CHARLOTTE, FL 33952 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 380817
MURDOCK, FL 339380817 US

New Mailing Address:

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 A EX. DIR
1266 GREEN OAK TRAIL
PORT CHARLOTTE, FL 33948 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: D
Name: VAKIL, SAMIR S DPM
Address: 352 MILUS STREET
City-St-Zip: PUNTA GORDA, FL 33950 US

Title: DS
Name: ASPERILLA, MARIANITO O M.D
Address: 3300 TAMiami TRAIL, SUITE 102-A
City-St-Zip: PORT CHARLOTTE, FL 33952

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

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

Title: D
Name: MELSER, MARC A MD
Address: 3410 TAMiami TRAIL, SUITE 4
City-St-Zip: PORT CHARLOTTE, FL 33952 US

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: PAT GARRITON, EXECUTIVE DIRECTOR

MRS.

01/11/2012

Electronic Signature of Signing Officer or Director

Date