

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 17, 2003 8:00 am
Secretary of State

01-17-2003 90177 001 ***140.00

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1. Entity Name

CHARLOTTE COUNTY PHYSICIANS FOR VOLUNTEER SERVICES, INC.



Principal Place of Business

**3195 TAMiami TRAIL
SUITE 202
PORT CHARLOTTE FL 33952**

Mailing Address

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

55001673



☒ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business

2450 Tamiami Trail

3. Mailing Address

Suite, Apt. #, etc.

Suite F

City & State

Port Charlotte, FL

City & State

4. FEI Number **65-0423496**

Applied For

Not Applicable

Zip

33952

Country

USA

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
3195 TAMiami TRAIL
SUITE 202
PORT CHARLOTTE FL 33952**

Name

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

2450 Tamiami Trail, Suite F

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.

**Pat Garriton
Executive Director**

SIGNATURE

January 14, 2003

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

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

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

TITLE **DP** ☒ Delete
NAME **AMONTREE, JAMES S M.D.**
STREET ADDRESS **3161 HARBOR BOULEVARD, UNIT 3**
CITY-ST-ZIP **PORT CHARLOTTE FL 33952**

TITLE **DT** ☐ Change ☒ Addition
NAME **David C. Rice, M.D.**
STREET ADDRESS **3175 Harbor Boulevard**
CITY-ST-ZIP **Port Charlotte, FL 33952**

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

TITLE **EDM3/** ☐ Change ☒ Addition
NAME **Pat Garriton**
STREET ADDRESS **2450 Tamiami Trail, Suite F**
CITY-ST-ZIP **Port Charlotte, FL 33952**

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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.

Pat Garriton

(941)

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Executive Director

January 14, 2003

625-6229

CR2E037 (10/02)