

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N94000004213 (4)

1. Corporation Name

CHARLOTTE COUNTY MEDICAL SOCIETY ALLIANCE, INC.



Principal Place of Business

Mailing Address

366 SEVERIN ROAD
PORT CHARLOTTE FL 33952

366 SEVERIN ROAD
PORT CHARLOTTE FL 33952

3. Date Incorporated or Qualified
08/29/1994

3a. Date of Last Report
12/27/1995

2. Principal Place of Business

2a. Mailing Address

21 366 Severin Road

26 Suite, Apt. #, etc.

22 Suite, Apt. #, etc.

27 Suite, Apt. #, etc.

23 City & State

28 City & State

Port Charlotte, FL

29 Zip

24 Zip

30 Country

38952

Charlotte

4. FEI Number
NOT APPLICABLE

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

HOLLINGER, KATHY
366 SEVERIN ROAD
PORT CHARLOTTE FL 33952

81 Name
Hollinger, Kathy
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
FL 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE Kathy Hollinger

(NOTE: Registered Agent signature required when reinstating)

DATE

3/21/96

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	HOLLINGER, KATHY	
STREET ADDRESS	366 SEVERIN ROAD	
CITY-ST-ZIP	PORT CHARLOTTE FL 33952	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	KOLER, JANET	
STREET ADDRESS	287 STEVINS TERRACE	
CITY-ST-ZIP	PORT CHARLOTTE FL 33952	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	PIACITELLI, CAROL	
STREET ADDRESS	25077 NECTAR CT.	
CITY-ST-ZIP	PUNTA GORDA FL 33983	
TITLE	T	<input type="checkbox"/> DELETE
NAME	CHIARELLE, PAT	
STREET ADDRESS	294 FIELDS TERRACE	
CITY-ST-ZIP	PORT CHARLOTTE FL 33952	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Pat Chiarello
3.3 STREET ADDRESS	294 Fields Terrace
3.4 CITY-ST-ZIP	Port Charlotte, FL 33952
4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	Carol Civitella
4.3 STREET ADDRESS	4557 Colleen St.
4.4 CITY-ST-ZIP	Port Charlotte, FL 33952
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Kathy Hollinger

3/21/96 (941) 255-8110