

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 11, 2005 8:00 am
Secretary of State

02-11-2005 90039 013 ****61.25

DOCUMENT # N96000006213

1. Entity Name
**ST. JOSEPH HOSPITAL MEDICAL ARTS BUILDING
CONDOMINIUM ASSOCIATION, INC.**



Principal Place of Business
**18401 MURDOCK CIRCLE
PORT CHARLOTTE, FL 33948**

Mailing Address
**18401 MURDOCK CIRCLE
PORT CHARLOTTE, FL 33948**

40017288



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01262005 Chg-NP CR2E037 (10/03)

City & State

City & State

4. FEI Number
59-1740911

Applied For
Not Applicable

Zip

Country

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

**MCKINLEY, MICHAEL R
18401 MURDOCK CIRCLE
PORT CHARLOTTE, FL 33948**

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. ☐

**\$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
NAME
STREET ADDRESS
CITY - ST - ZIP
**P
STOUT, GENE DDS
2400 HARBOR BLVD., STE 11
PORT CHARLOTTE, FL 33952** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**D
SWING, FRED P M.D.
2400 HARBOR BLVD., STE. 15
PORT CHARLOTTE, FL** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**DST
BERGER, GARY L M.D.
2400 HARBOR BLVD., STE. 21
PORT CHARLOTTE, FL** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**VP
KHALIDI, SAKINA M.D.
2400 HARBOR BLVD., STE. 17
PORT CHARLOTTE, FL 33952** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**D
MCKEE, BART E
2500 HARBOR BLVD.
PORT CHARLOTTE, FL 33952** ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**D
NORA CHIARAVALLATO
ST JOSEPH HOSPITAL
2500 HARBOR BLVD
PORT CHARLOTTE, FL 33952** ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**D
FLORES, ADELINA C M.D.
2400 HARBOR BLVD., STE. 12
PORT CHARLOTTE, FL 33952** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Change ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2-1-05