

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000077163

1. Entity Name

THE HEALTH CENTER OF PORT CHARLOTTE, INC.

FILED
Jan 26, 2001 8:00 am
Secretary of State

01-26-2001 90031 043 ***158.75

Principal Place of Business

4000 KINGS HWY
PORT CHARLOTTE FL 33949-8

Mailing Address

P.O. BOX 9056
PORT CHARLOTTE FL 33949

2. Principal Place of Business

4000 KINGS HIGHWAY

3. Mailing Address

4000 KINGS HIGHWAY

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

PORT CHARLOTTE FLORIDA

City & State

PORT CHARLOTTE FLORIDA

4. FEI Number

65-1032126

Applied For

Not Applicable

Zip

33980

Country

USA

Zip

33980

Country

USA

5. Certificate of Status Desired ☒ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

CORPORATION COMPANY OF MIAMI
201 S BISCAYNE BLVD, 1500 MIAMI CENTER
MIAMI FL 33131

7. Name and Address of New Registered Agent

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. ☐ (See criteria on back)

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐

\$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	STRAWN, STEVE	
STREET ADDRESS	4000 KINGS HWY	
CITY-ST-ZIP	PORT CHARLOTTE FL 33949-8	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STRAWN, STEVE	
STREET ADDRESS	421 W. COLLEGE ST	
CITY-ST-ZIP	MURFREESBORO TN 37130	
TITLE	P/T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	LOGUE, MATTHEW	
STREET ADDRESS	814 CYPRESS LAKE CIRCLE	
CITY-ST-ZIP	FT MYERS FL 33919	
TITLE	M	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	McELHENEY, RANDALL	
STREET ADDRESS	700 E BUSINESS HWY 98	
CITY-ST-ZIP	PANAMA CITY FL 32401	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. 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 607, Florida Statutes, and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Matthew Logue (Matthew Logue)

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-15-01

Date

941-255-5855

Daytime Phone #

CR2E034 (10/00)