

# 2002 UNIFORM BUSINESS REPORT (UBR)

0492829 AV

DOCUMENT# P00000077163

1. Entity Name

THE HEALTH CENTER OF PORT CHARLOTTE, INC.

APPROVED  
AND  
FILED

02 MAR 15 PM 4:49

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business

4000 KINGS HWY  
PORT CHARLOTTE FL 33980

Mailing Address

4000 KINGS HWY  
PORT CHARLOTTE FL 33980

2. Principal Place of Business

4000 KINGS HIGHWAY  
Suite, Apt. #, etc.

3. Mailing Address

4000 KINGS HIGHWAY  
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

7. Name and Address of New Registered Agent

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 32301

Name

Street Address (P.O. Box Number is Not AC

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, 2002 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete  
NAME D  
STRAWN, STEVE  
STREET ADDRESS 4000 KINGS HWY  
CITY-ST-ZIP PORT CHARLOTTE FL 33949-8

TITLE ☒ Change ☐ Addition  
NAME D  
STRAWN, STEVE  
STREET ADDRESS 3547 BETTY FORD ROAD  
CITY-ST-ZIP MURFREESBORO TN 37130

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☒ Addition  
NAME P/T  
LOGUE, MATHEW  
STREET ADDRESS 814 CYPRESS LAKE CIRCLE  
CITY-ST-ZIP FT MYERS FL 33919

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME 100005133661--7  
STREET ADDRESS -03/19/02--01027--007  
CITY-ST-ZIP \*\*\*150.00 \*\*\*150.00

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2/28/02 941-255-5822

CR2E034 (9/01)



ACCOUNT NO. : 072100000032

REFERENCE : 462283 7304648

AUTHORIZATION :

COST LIMIT : \$ PPD

ORDER DATE : March 12, 2002

ORDER TIME : 11:22 AM

ORDER NO. : 462283-015

CUSTOMER NO: 7304648

CUSTOMER: Ms. Jacquelyn O. Ayers  
Health Centers  
421 W. College Street

Murfreesboro, TN 37130

ANNUAL REPORT FILING

NAME: THE HEALTH CENTER OF PORT  
CHARLOTTE, INC.

XX ANNUAL REPORT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

       CERTIFIED COPY  
XX        PLAIN STAMPED COPY  
       CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Susie Knight-EXT#1156

EXAMINER'S INITIALS: \_\_\_\_\_

RECEIVED  
02 MAR 15 PM 12:56  
DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA