

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

Apr 19, 2004 08:00 AM  
Secretary of State

DOCUMENT # P00000077163

1. Entity Name  
THE HEALTH CENTER OF PORT CHARLOTTE, INC.



Principal Place of Business  
4000 KINGS HWY  
CHARLOTTE HARBOR, FL 33980

Mailing Address  
4000 KINGS HWY  
CHARLOTTE HARBOR, FL 33980



01302004 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
65-1032126  
Applied For  
Not Applicable  
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

**6. Name and Address of Current Registered Agent**

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 32301-2525

**DO NOT WRITE  
IN THIS SPACE**

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 restating)

DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

**10. OFFICERS AND DIRECTORS**

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

TITLE PT  
NAME LOGUE, MATHEW  
STREET ADDRESS 814 CYPRESS LAKE CIRCLE  
CITY-ST-ZIP FT MYERS, FL 33919

TITLE S  
NAME ORAVEC, CAROL  
STREET ADDRESS 4000 KINGS HWY  
CITY-ST-ZIP PORT CHARLOTTE, FL 33980

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**DO NOT WRITE  
IN THIS SPACE**

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 607, 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: Matthew Logue  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-22-4

Date

941 2555855

Daytime Phone #