2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 06, 2009
Secretary of State

DOCUMENT# P00000077163

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

Current Principal Place of Business:

4000 KINGS HWY
CHARLOTTE HARBOR, FL 33980

New Principal Place of Business:

Current Mailing Address:

4000 KINGS HWY
CHARLOTTE HARBOR, FL 33980

New Mailing Address:

FEI Number: 65-1032126 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 323012525 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: D ( ) Delete
Name: STRAWN, STEVE
Address: 32 RILEY RD 381
City-St-Zip: KISSIMMEE, FL 34747

Title: S ( ) Delete
Name: ORAVEC, CAROL
Address: 4000 KINGS HWY
City-St-Zip: PORT CHARLOTTE, FL 33980

Title: PT ( ) Delete
Name: BELL, THOMAS J
Address: 4000 KINGS HWY
City-St-Zip: PORT CHARLOTTE, FL 33980

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: S (X) Change ( ) Addition
Name: ROSE, MARY
Address: 4000 KINGS HWY
City-St-Zip: PORT CHARLOTTE, FL 33980

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MARY ROSE O 02/06/2009

Electronic Signature of Signing Officer or Director — Date