## 2009 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P08000029325

Entity Name: CENTER FOR HEALTH, OF CHARLOTTE, P.A.

FILED Jun 26, 2009 Secretary of State

| Current   | Principal Plac                              | e of Business:                  | New Principal Place of Business:   |  |  |
|---|---|---------------------------------|------------------------------------|--|--|
| 713 EAS   | T MARION AVE<br>GORDA, FL 33                | E 4TH FLOOR                     | ·                                  |  |  |
| Current Mailing Address:  |   |                                 | New Mailing Address:               |  |  |
|   | T MARION AVE<br>GORDA, FL 33                |                                 |                                    |  |  |
| FEI Numbe   | er: 26-2243709                              | FEI Number Applied For ( )      | FEI Number Not Applicable ( )      | Certificate of Status Desired ( )            |  |
| Name and Address of Current Registered Agent: Name and Address of New Registered Agent: |   |                                 |                                    |  |  |
| 713 EAS   | RI, DAVID E<br>T MARION AVE<br>GORDA, FL 33 |                                 |                                    |  |  |
|   | ve named entity<br>ate of Florida.          | submits this statement for the  | purpose of changing its registered | d office or registered agent, or both,       |  |
| SIGNATI   | JRE:  |                                 |                                    |  |  |
| Electronic Signature of Registered Agent  |   |                                 | ent                                | Date   |  |
| Election C  | ampaign Financir                            | ng Trust Fund Contribution ( ). |                                    |  |  |
| OFFICE  | RS AND DIREC                                | CTORS:                          | ADDITIONS/CHANGE                   | ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: |  |
| Title:<br>Name:   | D (<br>RUGGIERI, DA                         | ) Delete<br>AVID E              | Title:<br>Name:                    | ( ) Change ( ) Addition                      |  |

Address: 713 EAST MARION AVE 4TH FLOOR

City-St-Zip:

PUNTA GORDA, FL 33949

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: DAVID E. RUGGIERI D 06/26/2009