

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P10000050205

FILED  
Jan 10, 2012  
Secretary of State

**Entity Name:** CHARLOTTE COUNTY MEDICAL SOLUTIONS, INC.

**Current Principal Place of Business:**

3191 HARBOR BLVD  
SUITE C  
PORT CHARLOTTE, FL 33952

**New Principal Place of Business:**

**Current Mailing Address:**

3822 BROADWAY AVENUE  
SUITES A AND C  
FT. MYERS, FL 33901 US

**New Mailing Address:**

3822 BROADWAY AVENUE  
FT. MYERS, FL 33901 US

**FEI Number:** 27-2839721

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

**Name and Address of Current Registered Agent:**

TOUHEY, KRISTEN J  
3822 BROADWAY AVENUE  
SUITE C  
FT. MYERS, FL 33901 US

**Name and Address of New Registered Agent:**

TOUHEY, KRISTEN J  
3822 BROADWAY AVENUE  
FT. MYERS, FL 33901 US

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: KRISTEN J TOUHEY, RA

01/10/2012

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: P  
Name: TOUHEY, KRISTEN J  
Address: 3822 BROADWAY AVENUE  
City-St-Zip: FT. MYERS., FL 33901 US

Title: VP  
Name: LINDGREN, TODD  
Address: 3822 BROADWAY AVENUE  
City-St-Zip: FT. MYERS, FL 33901 US

Title: T  
Name: SEDA, FRANK JR  
Address: 3822 BROADWAY AVENUE  
City-St-Zip: FT. MYERS, FL 33901 US

I hereby 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 all other like empowered.

SIGNATURE: KRISTEN J. TOUHEY

PRES

01/10/2012

Electronic Signature of Signing Officer or Director

Date