


2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 08, 2005 8:00 am
Secretary of State

04-08-2005 90028 006 ***150.00

DOCUMENT # P97000010552	
1. Entity Name INTER-MEDIC MEDICAL GROUP, P.A.	

Principal Place of Business 2885 TAMiami TRAIL PORT CHARLOTTE FL 33952	Mailing Address 2885 TAMiami TRAIL PORT CHARLOTTE FL 33952
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2. Principal Place of Business	3. Mailing Address 3280 Tamiami Tr.
Suite, Apt. #, etc.	Suite, Apt. #, etc. Suite 3
City & State	City & State Port Charlotte FL
Zip	Country USA



1st MOORE CR2E034 (10/04)

4. FEI Number 65-0741457	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent MOORE, JOHN L ESQ 200 SOUTH ORANGE AVENUE SARASOTA FL 34236	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing **\$5.00 May Be**
Trust Fund Contribution. ☐ **Added to Fees**

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE P	<input checked="" type="checkbox"/> Delete	TITLE President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME NACKLEY, GEORGE		NAME Saligrama Olat	
STREET ADDRESS 2885 TAMiami TR		STREET ADDRESS 3280 Tamiami Tr. suite 3	
CITY-ST-ZIP PORT CHARLOTTE FL 33952		CITY-ST-ZIP Port Charlotte, FL 33952	
TITLE VD	<input type="checkbox"/> Delete	TITLE V. President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME SALIGRAMA, BHRT		NAME John Rroux	
STREET ADDRESS 2885 TAMiami TR		STREET ADDRESS 3280 Tamiami Tr. suite 3	
CITY-ST-ZIP PORT CHARLOTTE FL 33952		CITY-ST-ZIP Port Charlotte, FL 33952	
TITLE VD	<input checked="" type="checkbox"/> Delete	TITLE Sect.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME BARTEK, JAMES		NAME Saslow, Howard	
STREET ADDRESS 2885 TAMiami TRAIL		STREET ADDRESS 3280 Tamiami Tr. suite 3	
CITY-ST-ZIP PORT CHARLOTTE FL 33952		CITY-ST-ZIP Port Charlotte, FL 33952	
TITLE VD	<input type="checkbox"/> Delete	TITLE Thrs.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME SASLOW, H		NAME Vreten Rodriguez	
STREET ADDRESS 2885 TAMiami TRAIL		STREET ADDRESS 3280 Tamiami Tr. suite 3	
CITY-ST-ZIP PORT CHARLOTTE FL 33952		CITY-ST-ZIP Port Charlotte FL 33952	
TITLE VD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME RIOUX, JOHN		NAME	
STREET ADDRESS 2885 TAMiami TRAIL		STREET ADDRESS	
CITY-ST-ZIP PORT CHARLOTTE FL 33952		CITY-ST-ZIP	
TITLE SD	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME MELSER, M		NAME	
STREET ADDRESS 2885 TAMiami TRAIL		STREET ADDRESS	
CITY-ST-ZIP PORT CHARLOTTE FL 33952		CITY-ST-ZIP	

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:  **John P. Rioux 4/4/5 941 625-4270**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #