

**2002 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Feb 27, 2002 8:00 am**  
**Secretary of State**

02-27-2002 90286 001 \*\*\*450.00

MACRS  
AV

**DOCUMENT # P97000096309**

1. Entity Name  
**CHARLOTTE MEDICAL HOLDINGS, INC.**

Principal Place of Business <b>2343 AARON STREET          PORT CHARLOTTE FL 33952</b>	Mailing Address <b>2343 AARON STREET          PORT CHARLOTTE FL 33952</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
City & State	City & State
Zip	Country

4. FEI Number <b>65-0795919</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent

**KAYWELL, JAMES W**  
**201 W. MARION AVENUE**  
**SUITE 207**  
**PUNTA GORDA FL 33950**

7. Name and Address of New Registered Agent

Name **DASH, JEFFREY**  
 Street Address (P.O. Box Number is Not Acceptable)  
**3879 SAN LORENZO**  
 City **PUNTA GORDA FL** Zip Code **33950**

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.

SIGNATURE DATE \_\_\_\_\_

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.  (See criteria on back)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2002 Fee will be \$550.00**  
**Make Check Payable to Department of State**

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

11. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>KREEGEL, PAIGE V</b> <b>2343 AARON STREET</b> <b>PORT CHARLOTTE FL 33952</b> <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>MYERS, JOHN D</b> <b>2343 AARON STREET</b> <b>PORT CHARLOTTE FL 33952</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <del><b>BURGESS, RAYMOND O</b></del> <b>2343 AARON STREET</b> <b>PORT CHARLOTTE FL 33952</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>DASH, JEFFREY</b> <b>2343 AARON ST</b> <b>PORT CHARLOTTE FL 33952</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>KALOSIS, JOHN</b> <b>2343 AARON ST</b> <b>PORT CHARLOTTE FL 33952</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>FERNANDEZ, LUIS</b> <b>2343 AARON ST</b> <b>PORT CHARLOTTE FL 33952</b> <input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: DATE **2/14/02** DAYTIME PHONE # **941/629-2900**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/01)