


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 12, 2007 08:00 A
Secretary of State

DOCUMENT # P97000096309 1. Entry Name CHARLOTTE MEDICAL HOLDINGS, INC.	
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Principal Place of Business 2343 AARON STREET PORT CHARLOTTE, FL 33952	Mailing Address 2343 AARON STREET PORT CHARLOTTE, FL 33952
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DO NOT WRITE IN THIS SPACE



04042007 No Chg-P CR2E034 (11/05)

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

6. Name and Address of Current Registered Agent

DASH, JEFFREY
 3879 SAN LORENZO
 SUITE 207
 PUNTA GORDA, FL 33950

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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, 2007 Fee will be \$550.00

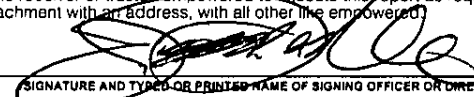
9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MYERS, JOHN D 2343 AARON STREET PORT CHARLOTTE, FL 33952
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BURGESS, RAYMOND O 2343 AARON STREET PORT CHARLOTTE, FL 33952
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DASH, JEFFREY 2343 AARON ST PORT CHARLOTTE, FL 33952
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KALOSIS, JOHN 2343 AARON ST PORT CHARLOTTE, FL 33952
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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U00000702497
04/20/07-80081-005 150.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 MYERS** 4/6/07 941/629-2900
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #