

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P97000096309

FILED  
Apr 27, 2012  
Secretary of State

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

**Current Principal Place of Business:**

2343 AARON STREET  
PORT CHARLOTTE, FL 33952

**New Principal Place of Business:**

**Current Mailing Address:**

2343 AARON STREET  
PORT CHARLOTTE, FL 33952

**New Mailing Address:**

**FEI Number:** 65-0795919

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

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

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

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**OFFICERS AND DIRECTORS:**

Title: D  
Name: MYERS, JOHN D DR.  
Address: 2343 AARON STREET  
City-St-Zip: PORT CHARLOTTE, FL 33952

Title: D  
Name: BURGESS, RAYMOND O DR.  
Address: 2343 AARON STREET  
City-St-Zip: PORT CHARLOTTE, FL 33952

Title: D  
Name: DASH, JEFFREY DR.  
Address: 2343 AARON ST  
City-St-Zip: PORT CHARLOTTE, FL 33952

Title: D  
Name: KALOSIS, JOHN DR.  
Address: 2343 AARON ST  
City-St-Zip: PORT CHARLOTTE, FL 33952

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: JEFFREY A. DASH D.O.

D

04/27/2012

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date