

2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 02, 2005 8:00 am
Secretary of State

02-02-2005 90077 008 ***150.00

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1. Entity Name

CHARLOTTE WORKER'S COMP INJURY CENTER, INC.



Principal Place of Business

2511 VASCO ST
STE 114
PUNTA GORDA FL 33950

Mailing Address

PO BOX 495665
PORT CHARLOTTE FL 33949

2. Principal Place of Business

324 Cross St

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Punta Gorda, FL

City & State

Zip

33950

Country

Charlotte

Zip

Country

4. FEI Number

65-0848474

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

OAKS, DAVID K ESQ.
252 W. MARION AVE.
PUNTA GORDA FL 33950

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

Signature, typed or printed name of registered agent and title if applicable.

(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
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PST ☐ Delete
NAME AMARAL, DEBORAH L
STREET ADDRESS 4424 HAWKS POINTE DR.
CITY-ST-ZIP PORT CHARLOTTE FL 33953

TITLE VP ☐ Delete
NAME AMARAL, TOBY
STREET ADDRESS 4424 HAWKS POINTE DR.
CITY-ST-ZIP PORT CHARLOTTE FL 33953

TITLE VP ☐ Delete
NAME LEPAGE, RUTH
STREET ADDRESS 7519 S. BLUE SAGE
CITY-ST-ZIP PUNTA GORDA FL 33955

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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:

Ruth LePage

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-25-05 941-575-8228