


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**May 11, 2006 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P98000030445</b> 1. Entity Name <b>CHARLOTTE WORKER'S COMP INJURY CENTER, INC.</b>	
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Principal Place of Business <b>324 CROSS STREET PUNTA GORDA FL 33950</b>	Mailing Address <b>PO BOX 495665 PORT CHARLOTTE FL 33949</b>
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



1st MOORE CR2E034 (10/05)

4. FEI Number **65-0848474** Applied For Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

<b>6. Name and Address of Current Registered Agent</b>  <b>OAKS, DAVID K ESQ. 252 W. MARION AVE. PUNTA GORDA FL 33950</b>
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<b>7. Name and Address of New Registered Agent</b> Name Street Address (P O Box Number is Not Acceptable) City <b>FL</b> 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, 2006 Fee Will Be \$550.00**  
**Make Check Payable to Florida Department of State**

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

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PST AMARAL, DEBORAH L 4424 HAWKS POINTE DR. PORT CHARLOTTE FL 33953 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP AMARAL, TOBY 4424 HAWKS POINTE DR. PORT CHARLOTTE FL 33953 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP LEPAGE, RUTH 7519 S. BLUE SAGE PUNTA GORDA FL 33955 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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05/20/06-80060-013 150.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: Ruth Lepage 4-28-06 941-575-8228  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #