

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P98000030445

FILED  
Feb 05, 2009  
Secretary of State

**Entity Name:** CHARLOTTE WORKER'S COMP INJURY CENTER, INC.

**Current Principal Place of Business:**

324 CROSS STREET  
PUNTA GORDA, FL 33950

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 495665  
PORT CHARLOTTE, FL 33949

**New Mailing Address:**

**FEI Number:** 65-0848474

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

OAKS, DAVID K ESQ.  
252 W. MARION AVE.  
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

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

Title: PST ( ) Delete  
Name: AMARAL, DEBORAH L  
Address: 4424 HAWKS POINTE DR.  
City-St-Zip: PORT CHARLOTTE, FL 33953

Title: VP ( ) Delete  
Name: AMARAL, TOBY  
Address: 4424 HAWKS POINTE DR.  
City-St-Zip: PORT CHARLOTTE, FL 33953

Title: VP ( ) Delete  
Name: LEPAGE, RUTH  
Address: 7519 S. BLUE SAGE  
City-St-Zip: PUNTA GORDA, FL 33955

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

**SIGNATURE:** DEBORAH L. AMARAL

PRES

02/05/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date