

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P99000005302

**FILED**  
**Jan 06, 2011**  
**Secretary of State**

**Entity Name:** PREMIER REAL ESTATE HOLDINGS OF CHARLOTTE COUNTY, INC.

**Current Principal Place of Business:**

2525 HARBOR BOULEVARD #104  
PORT CHARLOTTE, FL 33952

**New Principal Place of Business:**

2525 HARBOR BOULEVARD  
SUITE 104  
PORT CHARLOTTE, FL 33952

**Current Mailing Address:**

2525 HARBOR BOULEVARD #104  
PORT CHARLOTTE, FL 33952

**New Mailing Address:**

**FEI Number:** 65-0891404      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

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

BLACK, BRENT D M.D.  
2525 HARBOR BOULEVARD #104  
PORT CHARLOTTE, FL 33952      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:** BLACK, BRENT D M.D.  
**Address:** 2525 HARBOR BOULEVARD #104  
**City-St-Zip:** PORT CHARLOTTE, FL 33952

**Title:** D  
**Name:** VALENTE, MARGARET M.D.  
**Address:** 2525 HARBOR BOULEVARD #104  
**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: BRENT D. BLACK, MD

D

01/06/2011

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

\_\_\_\_\_  
Date