

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 08, 2005 8:00 am
Secretary of State

04-08-2005 90069 047 ***150.00

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1. Entity Name
CHARLOTTE COUNTY PRIMARY CARE, P.A.



Principal Place of Business
3067 TAMiami TRAIL
PORT CHARLOTTE, FL 33952

Mailing Address
3067 TAMiami TRAIL
PORT CHARLOTTE, FL 33952

2. Principal Place of Business

2380 Harbor Blvd P.O. Box 380639

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.



01052005

Chg-P

CR2E034 (10/03)

City & State
Port Charlotte, FL

Zip
33952

Country
USA

City & State
Port Charlotte, FL

Zip
33938

Country
USA

4. FEI Number
65-0891406

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

GARCIA, JOSE M.D.
3067 TAMiami TRAIL
PORT CHARLOTTE, FL 33952

7. Name and Address of New Registered Agent

Name Garcia, Jose M. M.D.

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

2380 Harbor Blvd.

City Port Charlotte

FL

Zip Code 33952

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

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE D
NAME GARCIA, JOSE
STREET ADDRESS 175 MANDALAY RD
CITY-ST-ZIP PUNTA GORDA, FL 33950 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
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STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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CITY-ST-ZIP ☐ Change ☐ Addition

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

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.07(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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/4/05

Date

(941) 613 1700

Daytime Phone #