FILED Apr 14, 2008 8:00 am Secretary of State

2008	FOR	PROFIT	CORPOR	RATION
	A	NNUAL	REPORT	

DOCUMENT # P99000014250					04-14-2008 90057 035 ***150.00						
1. Entity Nam CHARLO		JNTY PRIMARY C	ARE, P.A.								
Principal Place	e of Busines:		Mailing Address		.1			;			
2380 HARBOR BLVD PORT CHARLOTTE, FL 33952		P.O. BOX 380639 PORT CHARLOTTE, FL 33938				•					
2. Principal P	lace of Busin	ness - No P.O. Box #	3. Mailing Address								
3067	TAM	CAMI TRAIL					E 	S 18119 IBLII BBIII BBIII		I BIBLO (1691 BIALI BBL	1001 11 1301
Suite, Apt. #, etc. SUITE 3		Suite, Apt. #, etc.				03122008	Chg-P	CR2	E034 (12/06)		
City & State	e	PLOTTE FL	City & State				4. FEI Numb			}+	plied For t Applicable
3395		Country USA	Zip	Cour	ntry .			of Status Desire	d 🗆	\$8.75 Add	litional
2212		and Address of Current	Registered Agent		T		7. Name and	Address of Ne	w Registere		<u> </u>
045014	1005 115		4.		Name						
GARCIA, JOSE M.D. 2380 HARBOR BLVD PORT CHARLOTTE, FL 33952				Street Ado	dress (I	P.O. Box Numb	er is Not Accept	able)			
					City				F	Zip Code	э
8. The above	named entit	v submits this statement fo	or the purpose of changing i	Is register	ed office or re	enister	ed agent, or br	oth, in the State o			and accent
	tions of regist		the purpose of changing i	is register	ea onice or re	chister	ed agent, or or	otti, ar the State O	rronda. ra	ari icaninicai vvatri,	and accept
SIGNATURE	Signature broad	or printed name of registered agent	and title if popular abla (A)C	YE: Basistara	ed Agent signature	. top: word	when rate (elema)		DAT	-	
	organian, typic	a price and or egistered agent	and their appareative.	Zit. negatet	or udent sidname	- Hadones	witer remodeling)		541		
		FEE IS \$150.00 8 Fee will be \$550.0	9. Election Camp Trust Fund Co				.00 May Be ed to Fees				
10.	I _	OFFICERS AND	DIRECTORS	11.			ADDITIONS	/CHANGES TO	OFFICERS A	ND DIRECTORS	S IN 11
TITLE NAME	D GARCIA,	IOSE	Delete	TITL NAM						Change	- Addition
STREET ADDRESS CITY-ST-ZIP	175 MAN	DALAY RD GORDA, FL 33950		STR	EET ADDRESS Y-S1-ZIP	30	67 TAI	MIAMIT HARLOTTE	RAIL FL	UNIT 3	<u>.</u>
THILE			☐ Delete	TITL	£		<u> </u>		•	☐ Change	Addition
NAME				NAM	!						
STREET ADDRESS CITY-ST-ZIP					EET ADDRESS Y-ST-ZIP						
TITLE			☐ Delete	1111	.E					☐ Change	Addition
NAME				NAN							
STREET ADDRESS CITY-ST-ZIP					EET ADDRESS Y-ST-ZIP						
TITLE			☐ Delete	TUTL						☐ Change	Addition
NAME			 54,010	NAM	1					_ ,	_
STREET ADDRESS CITY-ST-ZIP					EET ADDRESS Y-ST-ZIP						
TITLE			Delete	TITL						Change	Addition
NAME				NAN	1						
STREET ADDRESS				-	EE F ADDRESS						
CITY-ST-ZIP					Y-ST-ZIP ~		i inch	•	¥ # 1		क्षात्र स
TITLE NAME			☐ Delete	THTE NAM						☐ Change	Addition
STREET ADDRESS					NEET ADDRESS					4	-
CITY-ST-ZIP				Citt	Y-SI-ZIP						• • •
12. I hereby	certify that th	e information supplied with	this filing does of qualify	for the ex	kemptions cor	ntained	f in Chapter 11	9, Florida Statute	es. I further of	certify that the in	nformation or director
of the cor	rporation or t	he receiver or trustee emp-	n this filing does not qualify strue and accurate and tha owered to execute this repo with all other like empowere	city signs ort as requ	ired by Chap	ter 607	7, Florida Statul	es; and that my	name appea	rs in Block 10 o	r Block 11 if
Changeo	, or orran all	acominent with an accident	Tail Off a fixe empowere	Α.				11/2	100	i	
SIGNAT	ΓURE: _	SIGNATURE AND TYPES	RINTED NAME OF SIGNING OFFICE	ER OR DIRE	TOP			499	108	Da.d.w.s. Br. :	
l		SIGNATURE AND TYPED DR	FRITTED NAME OF SIGNING OFFICE	LK UK UIREC	IUR			L/are	ı	Davtime Phone #	