


2008 FOR PROFIT CORPORATION ANNUAL REPORT

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

04-14-2008 90057 035 ***150.00

DOCUMENT # P99000014250					
1. Entity Name CHARLOTTE COUNTY PRIMARY CARE, P.A.					
Principal Place of Business 2380 HARBOR BLVD PORT CHARLOTTE, FL 33952			Mailing Address P.O. BOX 380639 PORT CHARLOTTE, FL 33938		
2. Principal Place of Business - No P.O. Box # 3067 TAMiami TRAIL Suite, Apt. #, etc. SUITE 3			3. Mailing Address Suite, Apt. #, etc.		
City & State PORT CHARLOTTE, FL			City & State		
Zip 33950		Country USA		4. FEI Number 65-0891406	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				Applied For Not Applicable	
6. Name and Address of Current Registered Agent GARCIA, JOSE M.D. 2380 HARBOR BLVD PORT CHARLOTTE, FL 33952			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when resigning) DATE</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D GARCIA, JOSE 175 MANDALAY RD PUNTA GORDA, FL 33950	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	3067 TAMiami TRAIL UNIT 3 PORT CHARLOTTE FL 33952	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date <u>4/9/08</u> Daytime Phone # _____		