2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 13, 2009
Secretary of State

DOCUMENT# P99000014250

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

Current Principal Place of Business:

3067 TAMIAMI TRAIL
SUITE 3
PUNTA GORDA, FL 33950

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 380639
PORT CHARLOTTE, FL 33938

New Mailing Address:

FEI Number: 65-0891406 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

GARCIA, JOSE M.D.
2380 HARBOR BLVD
PORT CHARLOTTE, FL 33952 US

Name and Address of New Registered Agent:

GARCIA, JOSE M.D.
3067 TAMIAMI TRAIL
UNIT 3
PORT CHARLOTTE, FL 33952 US

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: JOSE M GARCIA 03/13/2009
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: D ( ) Delete
Name: GARCIA, JOSE
Address: 3067 TAMIAMI TRAIL UNIT 3
City-St-Zip: PORT CHARLOTTE, FL 33952

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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: JOSE M GARCIA OWN 03/13/2009
Electronic Signature of Signing Officer or Director Date