

2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N14192

Entity Name: THE PORT CHARLOTTE MEDICAL PAVILION OWNERS' ASSOCIATION, INC.

FILED
Jan 24, 2016
Secretary of State
CC9160612672

Current Principal Place of Business:

2525 HARBOR BLVD.
STE 104
PORT CHARLOTTE, FL 33952

Current Mailing Address:

2525 HARBOR BLVD. #104
STE 104
PORT CHARLOTTE, FL 33952 US

FEI Number: 65-0106397

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

NOVAK, DAVID E
2525 HARBOR BLVD.
SUITE 104
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: DAVID E NOVAK

01/24/2016

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title PRESIDENT
Name CONSTANCE, CHRISTOPHER M.D.
Address 2525 HARBOR BLVD.
 STE 104
City-State-Zip: PORT CHARLOTTE FL 33952

Title VP
Name BALLESTAS, DAVID M.D.
Address 2525 HARBOR BLVD.
 STE 104
City-State-Zip: PORT CHARLOTTE FL 33952

Title TREASURER
Name BLACK, BRENT M.D.
Address 2525 HARBOR BLVD.
 STE 104
City-State-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 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: DAVID BALLESTAS MD

VP

01/24/2016

Electronic Signature of Signing Officer/Director Detail

Date