

2014 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 324331

Entity Name: INTER-MEDIC HEALTH CENTER OF CHARLOTTE, INC.

Current Principal Place of Business:

4520 GRASSY POINT BLVD.
PORT CHARLOTTE, FL 33949

Current Mailing Address:

PO BOX 495897
PORT CHARLOTTE, FL 33949-5897

FEI Number: 59-1365533

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

FABIAN, THOMAS M.D.
4520 GRASSY POINT BLVD.
PORT CHARLOTTE, FL 33949 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: THOMAS FABIAN, M.D.

02/05/2014

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title T
Name RODRIGUEZ, VICTOR MMD
Address PO BOX 380655
City-State-Zip: MURDOCK FL 33938

Title C
Name HEAGNEY, MICHAEL MD
Address 4550 GRASSY POINT BLVD
City-State-Zip: PORT CHARLOTTE FL 33952

Title P
Name FABIAN, THOMAS MD
Address 4520 GRASSY POINT BLVD
City-State-Zip: PORT CHARLOTTE FL 33952

Title S
Name AMONTREE, JAMES MD.
Address 1117 SAN MATEO DRIVE
City-State-Zip: PUNTA GORDA FL 33950

Title V
Name HOLT, WILLIAM DO
Address 4161 TAMIAMI TR SUITE 201
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 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: THOMAS FABIAN, M.D.

PRESIDENT

02/05/2014

Electronic Signature of Signing Officer/Director Detail

Date