

**2020 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N12000005945

**Entity Name:** CHARLOTTE REGIONAL MEDICAL CENTER MEDICAL STAFF, INC.

**FILED**  
**Jun 08, 2020**  
**Secretary of State**  
**0457833797CC**

**Current Principal Place of Business:**

701 JC CENTER COURT STE 7  
PORT CHARLOTTE, FL 33954

**Current Mailing Address:**

701 JC CENTER COURT STE 7  
PORT CHARLOTTE, FL 33954 US

**FEI Number: 45-5531779**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

CONSTANCE, CHRISTOPHER MD  
701 JC CENTER COURT STE 7  
MEDICAL STAFF OFFICE  
PORT CHARLOTTE , FL 33954 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: CHRISTOPHER CONSTANCE**

**06/08/2020**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title            PRESIDENT  
Name            CONSTANCE, CHRISTOPHER MD  
Address        701 JC CENTER COURT STE 7  
City-State-Zip: PORT CHARLOTTE FL 33954

Title            VP  
Name            KUHNS, JOHN MD  
Address        701 JC CENTER COURT STE 7  
City-State-Zip: PORT CHARLOTTE FL 33954

Title            SECRETARY, TREASURER  
Name            HARLIS, TANIK A DPM  
Address        701 JC CENTER COURT STE 7  
City-State-Zip: PORT CHARLOTTE FL 33954

*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: CHRISTOPHER CONSTANCE**

**PRES**

**06/08/2020**

Electronic Signature of Signing Officer/Director Detail

Date