

**2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N12000005945

**FILED**  
**Jan 09, 2015**  
**Secretary of State**  
**CC9064574655**

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

**Current Principal Place of Business:**

809 E MARION AVE  
PUNTA GORDA, FL 33950

**Current Mailing Address:**

809 E MARION AVE  
PUNTA GORDA, FL 33950

**FEI Number: 45-5531779**

**Certificate of Status Desired: No**

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

PICCOLO-MCGOWEN, KAREN P  
809 E MARION AVE  
MEDICAL STAFF OFFICE  
PUNTA GORDA, FL 33950 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: KAREN PICCOLO-MCGOWEN, CPCS**

**01/09/2015**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title D  
Name WILLIAMS, ANDRE  
Address 809 E MARION AVE  
City-State-Zip: PUNTA GORDA FL 33950

Title D  
Name PEREZ, GLADYS  
Address 809 E MARION AVE  
City-State-Zip: PUNTA GORDA FL 33950

Title D  
Name YAEGE, ARLO  
Address 809 E MARION AVE  
City-State-Zip: PUNTA GORDA FL 33950

*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: ANDRE WILLIAMS, DPM**

**CHIEF OF STAFF**

**01/09/2015**

Electronic Signature of Signing Officer/Director Detail

Date