Entity Name: CHARLOTTE REGIONAL MEDICAL CENTER MEDICAL STAFF, INC.	8337026023CC
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 Certific	ate of Status Desired: No
Name and Address of Current Registered Agent:	
KUHNS, JOHN CHIEF OF STAFF 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	: JOHN KUHNS			04/21/2023
	Electronic Signature of Registered Agent			Date
Officer/Director Detail :				
Title	CHIEF OF STAFF	Title	SECRETARY, TREASURER	
Name	KUHNS, JOHN MD	Name	ADAMS, DERRICK MD	
Address	701 JC CENTER COURT STE 7	Address	701 JC CENTER COURT STE 7	,
City-State-Zip:	PORT CHARLOTTE FL 33954	City-State-Zip:	PORT CHARLOTTE FL 33954	
Title	VICE CHIEF OF STAFF			
Name	LEPORE, FRANK JOINER MD			
Address	701 JC CENTER COURT SUITE 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.

COS

SIGNATURE: JOHN KUHNS

Electronic Signature of Signing Officer/Director Detail

Date

2023 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N12000005945

FILED Apr 21, 2023 Secretary of State

04/21/2023