

**2023 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N12000005945

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

**FILED**  
**Apr 21, 2023**  
**Secretary of State**  
**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**

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

Title SECRETARY, TREASURER  
Name ADAMS, DERRICK MD  
Address 701 JC CENTER COURT STE 7  
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.*

**SIGNATURE: JOHN KUHNS**

**COS**

**04/21/2023**

Electronic Signature of Signing Officer/Director Detail

Date