FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED
95 APR 17 PM 4:10
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **N92000000633 (9)**

1. Corporation Name
CHARLOTTE COUNTY PHYSICIAN-HOSPITAL ORGANIZATION , INC.

Principal Place of Business	Mailing Address
21298 OLEAN BLVD PORT CHARLOTTE FL 33952	21298 OLEAN BLVD PORT CHARLOTTE FL 33952

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 12/04/1992
3a. Date of Last Report: 07/12/1994
4. FEI Number: 67-0379742 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business 21	2a. Mailing Address 26 21298 Olean Boulevard	5. Certificate of Status Desired ☐	**$8.75** Additional Fee Required
Suite, Apt. #, etc 22	Suite, Apt. #, etc. 27 P.O. Box 4028	6. Election Campaign Financing Trust Fund Contribution ☐	**$5.00** May Be Added to Fees
City & State 23	City & State 28 Port Charlotte, Florida	7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐	**$68.75** Supplemental Fee Not Required
Zip / Country 24 / 25	Zip / Country 29 33949-4028 / 30 USA	8. *This corporation has liability for intangible tax under S. 199.032,* Florida Statutes ☐ Yes ☐ No	

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
CT CORPORATION SYSTEMS 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324	81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ (Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	P	11 TITLE		☐ Change ☐ Addition
NAME	NASH, BARRY	12 NAME		
STREET ADDRESS	21298 OLEAN BLVD.	13 STREET ADDRESS		
CITY ST ZIP	PORT CHARLOTTE FL	14 CITY ST ZIP		
TITLE	V	21 TITLE		☐ Change ☐ Addition
NAME	BUTLER, JOE MD	22 NAME		
STREET ADDRESS	21298 OLEAN BLVD.	23 STREET ADDRESS		
CITY ST ZIP	PORT CHARLOTTE FL	24 CITY ST ZIP		
TITLE	D	31 TITLE	S/T	☒ Change ☐ Addition
NAME	POPPER, PAUL	32 NAME	TURKEL, M. BROOKS	
STREET ADDRESS	21298 OLEAN BLVD	33 STREET ADDRESS	21298 OLEAN BOULEVARD	
CITY ST ZIP	PORT CHARLOTTE FL 33952	34 CITY ST ZIP	PORT CHARLOTTE, FL 33952	
TITLE	D	41 TITLE		☐ Change ☐ Addition
NAME	ESCHLEMAN, ROBERT MD	42 NAME		
STREET ADDRESS	21298 OLEAN BLVD.	43 STREET ADDRESS		
CITY ST ZIP	PORT CHARLOTTE FL 33952	44 CITY ST ZIP		
TITLE	D	51 TITLE		☐ Change ☐ Addition
NAME	BALLESTAS, DAVID MD	52 NAME		
STREET ADDRESS	21298 OLEAN BLVD.	53 STREET ADDRESS		
CITY ST ZIP	PORT CHARLOTTE FL 33952	54 CITY ST ZIP		
TITLE	M	61 TITLE	D	☒ Change ☐ Addition
NAME	GILL, CARL	62 NAME	VALENTE, MALGORZATA M.D.	
STREET ADDRESS	21298 OLEAN BLVD.	63 STREET ADDRESS	21298 OLEAN BOULEVARD	
CITY ST ZIP	PORT CHARLOTTE FL	64 CITY ST ZIP	PORT CHARLOTTE, FL 33952	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: _____ M. BROOKS TURKEL 4/12/95 (813) 627-6182
(SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR) (Date) (Daytime Phone #)

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