

FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # N92000000633 (9)

1. Corporation Name

CHARLOTTE COUNTY PHYSICIAN-HOSPITAL ORGANIZATION  
, INC.



Principal Place of Business

21298 OLEAN BLVD  
PORT CHARLOTTE FL 33952

Mailing Address

21298 OLEAN BOULEVARD  
P O BOX 4028  
PORT CHARLOTTE FL 33949-4028  
US

3. Date Incorporated or Qualified  
12/04/1992

3a. Date of Last Report  
04/17/1995

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

4. FEI Number  
67-0379742

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution ☐

\$5.00 May Be  
Added to Fees

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

THE PRENTICE-HALL CORPORATION SYSTEM, INC.  
1201 HAYS STREET  
TALLAHASSEE FL 32301

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 617.0502 and 617.1508, 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 617.0503, 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 '92

TITLE P ☐ DELETE  
NAME NASH, BARRY  
STREET ADDRESS 21298 OLEAN BLVD.  
CITY-ST-ZIP PORT CHARLOTTE FL

1.1 TITLE ☐ Change ☐ Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

TITLE V ☐ DELETE  
NAME BUTLER, JOE MD  
STREET ADDRESS 21298 OLEAN BLVD.  
CITY-ST-ZIP PORT CHARLOTTE FL

2.1 TITLE ☐ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

TITLE ST ☒ DELETE  
NAME TURKEL, M. BROOKS  
STREET ADDRESS 21298 OLEAN BLVD.  
CITY-ST-ZIP PORT CHARLOTTE FL

3.1 TITLE ST ☐ Change ☒ Addition  
3.2 NAME Parslow, Joseph M.  
3.3 STREET ADDRESS 21298 Olean Boulevard  
3.4 CITY-ST-ZIP Port Charlotte, FL 33952

TITLE D ☐ DELETE  
NAME ESCHLEMAN, ROBERT MD  
STREET ADDRESS 21298 OLEAN BLVD.  
CITY-ST-ZIP PORT CHARLOTTE FL 33952

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

TITLE D ☐ DELETE  
NAME BALLESTAS, DAVID MD  
STREET ADDRESS 21298 OLEAN BLVD.  
CITY-ST-ZIP PORT CHARLOTTE FL 33952

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

TITLE D ☐ DELETE  
NAME VALENTE, MALGORZATA M.D  
STREET ADDRESS 21298 OLEAN BLVD.  
CITY-ST-ZIP PORT CHARLOTTE FL

6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

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)(k), 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:

*Barry Nash*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Barry Nash, M.D. 4/25/96

Date

941-627-6182

Daytime Phone #

CR2E037 (12/95)