


FILE NOW: FILING FEE IS \$61.25

FILED

May 12 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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
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3. Date Incorporated or Qualified 12/04/1992	3a. Date of Last Report 05/01/1996
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2. Principal Place of Business 21	2a. Mailing Address 26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24	Country 25

4. FEI Number 67-0378742	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
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8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No
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9. Name and Address of Current Registered Agent THE PRENTICE-HALL CORPORATION SYSTEM, INC. 1201 HAYS STREET TALLAHASSEE FL 32301
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10. Name and Address of New Registered Agent
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NASH, BARRY	1.2 NAME	
STREET ADDRESS	21298 OLEAN BLVD.	1.3 STREET ADDRESS	
CITY-ST-ZIP	PORT CHARLOTTE FL	1.4 CITY-ST-ZIP	
TITLE	V <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BUTLER, JOE MD	2.2 NAME	
STREET ADDRESS	21298 OLEAN BLVD.	2.3 STREET ADDRESS	
CITY-ST-ZIP	PORT CHARLOTTE FL	2.4 CITY-ST-ZIP	
TITLE	ST <input checked="" type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	PARSLOW, JOSEPH M.	3.2 NAME	ST
STREET ADDRESS	21298 OLEAN BLVD.	3.3 STREET ADDRESS	JAMES P. BURNS III
CITY-ST-ZIP	PORT CHARLOTTE FL	3.4 CITY-ST-ZIP	21298 OLEAN BLVD. PORT CHARLOTTE FL 33952
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ESCHLEMAN, ROBERT MD	4.2 NAME	
STREET ADDRESS	21298 OLEAN BLVD.	4.3 STREET ADDRESS	
CITY-ST-ZIP	PORT CHARLOTTE FL 33952	4.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BALLESTAS, DAVID MD	5.2 NAME	
STREET ADDRESS	21298 OLEAN BLVD.	5.3 STREET ADDRESS	
CITY-ST-ZIP	PORT CHARLOTTE FL 33952	5.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VALENTE, MALGORZATA M.D	6.2 NAME	
STREET ADDRESS	21298 OLEAN BLVD.	6.3 STREET ADDRESS	
CITY-ST-ZIP	PORT CHARLOTTE FL	6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing 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: *T. Barry Mortham* **ACQUIRED BARRY NASH, M.D** **4/24/97** **941-627-6182**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0067448

CR2E037 (9/96)