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Feb 16 1998 8:00am
Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1998



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

Mailing Address

21298 OLEAN BLVD
PORT CHARLOTTE FL 33952

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

3. Date Incorporated or Qualified

12/04/1992

4. FEI Number

-67-0379742 65-0379742

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

7. Is this nonprofit corporation a homeowners association?

☐ Yes ☒ No

8. This corporation owes or has paid the current year intangible
Personal Property Tax due June 30.

☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24 25

29 30

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 12

TITLE P ☐ DELETE

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

1.1 TITLE ☐ Change ☐ Addition

TITLE V ☐ DELETE

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

1.2 NAME ☐ Change ☐ Addition

TITLE ST ☐ DELETE

NAME BURNS, JAMES P III
STREET ADDRESS 21298 OLEAN BLVD.
CITY-ST-ZIP PORT CHARLOTTE FL

1.3 STREET ADDRESS ☐ Change ☐ Addition

TITLE D ☐ DELETE

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

1.4 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE D ☐ DELETE

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

2.1 TITLE ☐ Change ☐ Addition

TITLE D ☐ DELETE

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

2.2 NAME ☐ Change ☐ Addition

TITLE D ☐ DELETE

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

2.3 STREET ADDRESS ☐ Change ☐ Addition

2.4 CITY-ST-ZIP ☐ Change ☐ Addition

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME ☐ Change ☐ Addition

3.3 STREET ADDRESS ☐ Change ☐ Addition

3.4 CITY-ST-ZIP ☐ Change ☐ Addition

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME ☐ Change ☐ Addition

4.3 STREET ADDRESS ☐ Change ☐ Addition

4.4 CITY-ST-ZIP ☐ Change ☐ Addition

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME ☐ Change ☐ Addition

5.3 STREET ADDRESS ☐ Change ☐ Addition

5.4 CITY-ST-ZIP ☐ Change ☐ Addition

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME ☐ Change ☐ Addition

6.3 STREET ADDRESS ☐ Change ☐ Addition

6.4 CITY-ST-ZIP ☐ Change ☐ Addition

14. I 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:

James P. Burns III

2/6/98 948-629-1181

CR2E037 (10/97)