

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Mar 04, 1999 8:00 am
Secretary of State

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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



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

3. Date Incorporated or Qualified

12/04/1992

4. FEI Number

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

9. Name and Address of Current Registered Agent

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

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

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

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

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

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

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

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

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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

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

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

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

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

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

☐ Change ☐ Addition

☐ Change ☐ Addition

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☐ 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, with all other like empowered.

SIGNATURE:

T. BARRY NASH MD 2/6/99 948-629-1181

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (1/98)