

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N92000000633

1. Entity Name

CHARLOTTE COUNTY PHYSICIAN-HOSPITAL ORGANIZATION

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

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0379742

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:  
FEE IS \$61.25

9. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

Make Check Payable to  
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JAMES P. BURNS III

2/4/00

941-627-6182

Date

Daytime Phone #

FILED  
Feb 21, 2000 8:00 am  
Secretary of State

02-21-2000 90004 024 \*\*\*\*61.25



DO NOT WRITE IN THIS SPACE