

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS		FILED SECRETARY OF STATE DIVISION OF CORPORATIONS	
DOCUMENT #		N92000000633		01 OCT 29 PM 3:51	
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			
If above addresses are incorrect in any way, line through incorrect information and enter correction below.		REINSTATEMENT 01			
2. New Principal Office Address, If Applicable		3. New Mailing Office Address, If Applicable		4. Date Incorporated or Qualified To Do Business in Florida	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		12/04/1992	
City & State		City & State		5. FEI Number	
Zip		Zip		65-0379742	
Country		Country		Applied For	
33949-4960		33949-4960		Not Applicable	
6. CERTIFICATE OF STATUS DESIRED		8.75 Additional Fee required for a Certificate of Status			
7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)		200004686102-5			
Title(s)		Name of Officers and/or Directors		Street Address of Each Officer and/or Director	
1		2		3	
P		NASH, BARRY Joe Butler, MD		21298 OLEAN BLVD.	
V		BUTLER, JOE MD David Balkes, MD		21298 OLEAN BLVD.	
ST		BURNS, JAMES P III		21298 OLEAN BLVD.	
D		ESCHLEMAN, ROBERT MD		21298 OLEAN BLVD.	
D		BALLESTAS, DAVID MD James Amoltee, MD		21298 OLEAN BLVD.	
D		VALENTE, MALGORZATA MD Scott Strine, MD		21298 OLEAN BLVD.	
8. Name and Address of Current Registered Agent		9. Name and Address of New Registered Agent			
THE PRENTICE-HALL CORPORATION SYSTEM, INC. 1201 HAYS STREET TALLAHASSEE FL 32301		Name PAWCETT MEMORIAL HOSPITAL Street Address (P.O. Box Number is Not Acceptable) 21298 OLEAN BLVD Suite, Apt. #, Etc. City PORT CHARLOTTE State FL Zip Code 33952			
10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.		Date 10-22-2007			
Signature of Registered Agent		REGISTERED AGENT MUST SIGN			
11. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.		SIGNATURE REQUIRED			
SIGNATURE: SIGNATURE REQUIRED		10-22-2007 941 627-6182			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #			