

**2002 UNIFORM BUSINESS REPORT (UBR)****DOCUMENT # N92000000633**

1. Entity 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 494960  
PORT CHARLOTTE FL 33949-4960  
US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; 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

**FAWCETT MEMORIAL HOSPITAL  
21298 OLEAN BLVD  
PORT CHARLOTTE FL 33952**

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	<b>P</b>	<input type="checkbox"/> Delete
NAME	<b>BUTLER, JOE MD</b>	
STREET ADDRESS	<b>21298 OLEAN BLVD.</b>	
CITY-ST-ZIP	<b>PORT CHARLOTTE FL</b>	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	<b>V</b>	<input type="checkbox"/> Delete
NAME	<b>BALLESTAS, DAVID MD</b>	
STREET ADDRESS	<b>21298 OLEAN BLVD.</b>	
CITY-ST-ZIP	<b>PORT CHARLOTTE FL</b>	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	<b>ST</b>	<input type="checkbox"/> Delete
NAME	<b>BURNS, JAMES P III</b>	
STREET ADDRESS	<b>21298 OLEAN BLVD.</b>	
CITY-ST-ZIP	<b>PORT CHARLOTTE FL</b>	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>ESCHLEMAN, ROBERT MD</b>	
STREET ADDRESS	<b>21298 OLEAN BLVD.</b>	
CITY-ST-ZIP	<b>PORT CHARLOTTE FL 33952</b>	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>AMONTREE, JAMES MD</b>	
STREET ADDRESS	<b>21298 OLEAN BLVD.</b>	
CITY-ST-ZIP	<b>PORT CHARLOTTE FL 33952</b>	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>AMONTREE, JAMES</b>	
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>STRINE, SCOTT MD</b>	
STREET ADDRESS	<b>21298 OLEAN BLVD.</b>	
CITY-ST-ZIP	<b>PORT CHARLOTTE FL</b>	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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****2/24/02**

Date

**941-627-6180**

Daytime Phone #



DO NOT WRITE IN THIS SPACE

CR2E037 (9/01)

**Attachment**  
**#N92000000633**

332282

**Charlotte County Physician Hospital Organization**  
**Participants in the CCPHO**

Joe Butler, M.D. – Chairman  
21298 Olean Boulevard  
Port Charlotte, FL 33952

A. Robert Eschleman, M.D. - Director  
21298 Olean Boulevard  
Port Charlotte, FL 33952

David Ballestas, M.D. – Vice Chairman  
21298 Olean Boulevard  
Port Charlotte, FL 33952

Paul Graniero, M.D. - Director  
21298 Olean Boulevard  
Port Charlotte, FL 33952

James P. Burns III – Secretary/Treasurer  
21298 Olean Boulevard  
Port Charlotte, FL 33952

Arelis Madera, M.D. - Director  
21298 Olean Boulevard  
Port Charlotte, FL 33952

James Amontree, M.D. – Director  
21298 Olean Boulevard  
Port Charlotte, FL 33952

Louis Valente, M.D. – Director  
21298 Olean Boulevard  
Port Charlotte, FL 33952

Derrell Billington, D.O. – Director  
21298 Olean Boulevard  
Port Charlotte, FL 33952

Scott Strine, M.D. - Director  
21298 Olean Boulevard  
Port Charlotte, FL 33952

Gunvantkumar Desai, M.D. – Director  
21298 Olean Boulevard  
Port Charlotte, FL 33952

Thomas J. Rice – Director  
21298 Olean Boulevard  
Port Charlotte, FL 33952