2005 NOT-FOR-PROFIT CORPORATION **ANNUAL REPORT**

DOCUMENT # N92000000633

1. Entity Name



Apr 11, 2005 8:00 am Secretary of State 04-11-2005 90153 023 ****61.25

FILED

CHARLOTTE COUNTY	PHYSICIAN-HOSPITAI
ORGANIZATION, INC.	

Principal Place of Business 21298 OLEAN BLVD PORT CHARLOTTE, FL 33952 Mailing Address 21298 OLEAN BOULEVARD P.O. BOX 494960

2. Principal Pages of Business 3. Maling Address 01052905 Chg-NP CRZE037 (10/03) Salto, Apt. #. old. Suito, Apt. #. old. 01052905 Chg-NP CRZE037 (10/03) Zip Country Zip Country Xip Addition Name Shart Application Sha	PORT CHARLOTTE, FL 33949-4960 US					I i i iii i i i ii ii i i i i i i i i								
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Country Zip Country Zip Country S. Certificate of Status Desired S.75 Additional Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name Name Name Name 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 agent, or both, in the State of Florida. I am lamillar with, and accept the obligations of registered agent, or both, in the State of Florida. I am lamillar with, and accept the obligations of registered agent, or both, in the State of Florida. I am lamillar with, and accept the obligations of registered agent, or both, in the State of Florida. I am lamillar with, and accept the obligations of registered agent, or both, in the State of Florida. I am lamillar with, and accept the obligations of registered agent, or both, in the State of Florida. I am lamillar with, and accept the obligations of registered agent, or both, in the State of Florida. I am lamillar with, and accept the obligations of registered agent, or both, in the State of Florida. I am lamillar with, and accept the obligations of registered agent, or both, in the State of Florida. I am lamillar with, and accept the obligations of registered agent, or both, in the State of Florida. I am lamillar with, and accept the obligations of registered agent, or both, in the State of Florida. I am lamillar with, and accept the obligations of registered agent, or both, in the State of Florida. I am lamillar with, and accept the obligations of registered agent, or both, in the State of Florida. I am lamillar with, and accept the obligations of registered agent, or both, in the State of Florida. I am lamillar with, and accept the obligations of registered agent, or both, in the State of Florida. I am lamillar with, and accept the obligations of registered agent, or both, in the State of Florida. I am lamillar with, and accept the obligations of registered agent, or both, in the State of	Suite, Apt. #, etc. Suite, Apt. #, etc.						01052005	Chg-NP	CR2E	37 (10/03)				
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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 Ponda. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and title if associable. (MOTE Registered Agent algorithm recited agent, or both, in the State of Ponda. I am familiar with, and accept the obligations of registered agent, or both, in the State of Ponda. I am familiar with, and accept the obligations of registered agent, or both, in the State of Ponda. I am familiar with, and accept the obligations of registered agent, or both, in the State of Ponda. I am familiar with, and accept the obligations of registered agent, or both, in the State of Ponda. I am familiar with, and accept the obligations of registered agent, or both, in the State of Ponda. I am familiar with, and accept the obligations of registered agent, or both, in the State of Ponda. I am familiar with, and accept the obligations of registered agent, or both, in the State of Ponda. I am familiar with, and accept the obligations of registered agent, or both, in the State of Ponda. I am familiar with, and accept the obligations of registered agent, or both, in the State of Ponda. I am familiar with, and accept the obligations of registered agent, or both, in the State of Ponda. I am familiar with, and accept the obligations of registered agent, or both, in the State of Ponda. I am familiar with, and accept the obligations of registered agent, or both, in the State of Ponda. I am familiar with, and accept the obligations of registered agent, or both, in the State of Ponda. I am familiar with, and accept the obligations of registered agent, or both, in the State of Ponda. I am familiar with, and accept the obligations of registered agent, or both, in the State of Ponda Defect of Ponda Def							Name							
B. 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. I am familiar with, and accept the obligations of registered agent. Signature						Street Address (P.O. Box Number is Not Acceptable)								
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. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature Special Section	•					City				F	Zip Cod	е		
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Signature, typed or perited name of registered agent and littler if abortable in NOTE; Registered Agent signature requires when recotating) DATE														
Trust Fund Contribution														
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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.

James R. Brigos M. 144/65 JAMES P. BEINNETY

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIREC

941-629-1181 Daytime Phone #