

2006 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT

**FILED**  
**Mar 21, 2006 8:00 am**  
**Secretary of State**

03-21-2006 90030 018 \*\*\*\*61.25

**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 & State

City & State

Zip

Country

Zip

Country

03162006 Chg-NP CR2E037 (11/05)

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

Filing Fee is \$61.25  
Due by May 1, 2006

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

**Make check payable to  
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

TITLE **D** ☐ Change ☒ Addition  
NAME **Bielfelt, Bruce D.O.**  
STREET ADDRESS **21298 Olean Blvd.**  
CITY-ST-ZIP **Port Charlotte, FL 33952**

TITLE **V** ☐ Delete  
NAME **BALLESTAS, DAVID 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 **VOLLBERG, CARLTON**  
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 **AMONTREE, JAMES**  
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 **KHALIDI, SAKINA MD**  
STREET ADDRESS **2400 HARBOR 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 exemptions contained in Chapter 119, 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: *J P Burns III* **JAMES P. BURNS III**

**3-16-06**

Date

Daytime Phone #