


**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 19, 2007 08:00 A
Secretary of State

DOCUMENT # N92000000633 1. Entity Name CHARLOTTE COUNTY PHYSICIAN-HOSPITAL ORGANIZATION, INC.	
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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
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04132007 No Chg-NP CR2E037 (4/06)

4. FEI Number 65-0379742	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent FAWCETT MEMORIAL HOSPITAL 21298 OLEAN BLVD PORT CHARLOTTE, FL 33952

**DO NOT WRITE
IN THIS SPACE**

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, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be
Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P BUTLER, JOE MD 21298 OLEAN BLVD. PORT CHARLOTTE, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V BALLESTAS, DAVID MD 21298 OLEAN BLVD. PORT CHARLOTTE, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST BURNS, JAMES P III 21298 OLEAN BLVD. PORT CHARLOTTE, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D VOLLBERG, CARLTON 21298 OLEAN BLVD. PORT CHARLOTTE, FL 33952
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BIEFELT, BRUCE D.O. 21298 OLEAN BLVD PORT CHARLOTTE, FL 33952
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KHALIDI, SAKINA MD 2400 HARBOR BLVD. PORT CHARLOTTE, FL

**DO NOT WRITE
IN THIS SPACE**

U00000718161
05/01/07-80011-001 61.25

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: 
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/13/07 741-627-6182
Date Daytime Phone #