

2008 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT

**FILED**  
**Feb 15, 2008 08:00 AM**  
**Secretary of State**

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



02112008 No Chg-NP CR2E037 (4/06)

**DO NOT WRITE IN THIS SPACE**

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

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 reappointing)

DATE

Filing Fee is \$61.25  
Due by May 1, 2008

9. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

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

000000829680  
02/26/08-80051-016 61.25

**DO NOT WRITE  
IN THIS SPACE**

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

2/11/08

Date

Daytime Phone #