2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N9200000633

FILED Jan 07, 2010 Secretary of State

Entity Name: CHARLOTTE COUNTY PHYSICIAN-HOSPITAL ORGANIZATION, INC.

Current Principal Place of Business: New Principal Place of Business:

21298 OLEAN BLVD

PORT CHARLOTTE, FL 33952

Current Mailing Address: New Mailing Address:

21298 OLEAN BOULEVARD P.O. BOX 494960

PORT CHARLOTTE, FL 339494960 US

FEI Number: 65-0379742 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

FAWCETT MEMORIAL HOSPITAL 21298 OLEAN BLVD PORT CHARLOTTE, FL 33952 US

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:

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

BUTLER, JOE MD Name: Address: 21298 OLEAN BLVD. City-St-Zip: PORT CHARLOTTE, FL

Title:

Name: BALLESTAS, DAVID MD Address: 21298 OLEAN BLVD. City-St-Zip: PORT CHARLOTTE, FL

Title: ST

BURNS, JAMES P III Name: Address: 21298 OLEAN BLVD. City-St-Zip: PORT CHARLOTTE, FL

Title:

Name: VOLLBERG, CARLTON Address: 21298 OLEAN BLVD.

City-St-Zip: PORT CHARLOTTE, FL 33952

Title:

BIEFELT, BRUCE D.O. Name: 21298 OLEAN BLVD Address: City-St-Zip:

PORT CHARLOTTE, FL 33952

Title:

KHALIDI, SAKINA MD Name: Address: 2400 HARBOR BLVD. PORT CHARLOTTE, FL City-St-Zip:

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: JAMES P. BURNS MR. 01/07/2010