2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 05, 2012
Secretary of State

DOCUMENT# N92000000633

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

Current Principal Place of Business:

21298 OLEAN BLVD
PORT CHARLOTTE, FL 33952

New Principal Place of Business:

Current Mailing Address:

21298 OLEAN BLVD
PORT CHARLOTTE, FL 33952

New Mailing Address:

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

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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:

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

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

Title: ST
Name: WYERS, MICHAEL J
Address: 21298 OLEAN BLVD.
City-St-Zip: PORT CHARLOTTE, FL

Title: D
Name: VOLLBERG, CARLTON
Address: 21298 OLEAN BLVD.
City-St-Zip: PORT CHARLOTTE, FL 33952

Title: D
Name: BIEFELT, BRUCE D.O.
Address: 21298 OLEAN BLVD
City-St-Zip: PORT CHARLOTTE, FL 33952

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

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: MICHAEL J. WYERS MR. 01/05/2012

Electronic Signature of Signing Officer or Director Date