

2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N92000000633

Entity Name: CHARLOTTE COUNTY PHYSICIAN-HOSPITAL ORGANIZATION, INC.**FILED**
Feb 03, 2014
Secretary of State
CC5840243207**Current Principal Place of Business:**21298 OLEAN BLVD
PORT CHARLOTTE, FL 33952**Current Mailing Address:**PO BOX 494134
PORT CHARLOTTE, FL 33949 US**FEI Number: 65-0379742****Certificate of Status Desired: No****Name and Address of Current Registered Agent:**SORRENTINO, DANIELLE M
21434 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: DANIELLE SORRENTINO****02/03/2014**

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title	P	Title	V
Name	BUTLER, JOE MD	Name	BALLESTAS, DAVID MD
Address	21298 OLEAN BLVD.	Address	21298 OLEAN BLVD.
City-State-Zip:	PORT CHARLOTTE FL	City-State-Zip:	PORT CHARLOTTE FL
Title	ST	Title	D
Name	SHELL, STEVEN DR.	Name	VOLLBERG, CARLTON
Address	PO BOX 494134	Address	21298 OLEAN BLVD.
City-State-Zip:	PORT CHARLOTTE FL 33949	City-State-Zip:	PORT CHARLOTTE FL 33952
Title	D	Title	D
Name	VAKIL, SAMIR DR.	Name	MONTOYA, LILLIAN DR.
Address	PO BOX 494134	Address	PO BOX 494134
City-State-Zip:	PORT CHARLOTTE FL 33949	City-State-Zip:	PORT CHARLOTTE FL 33949
Title	DIRECTOR	Title	CHAIRMAN
Name	SORRENTINO, DANIELLE M	Name	MILLER, ANDREW
Address	PO BOX 494134	Address	21298 OLEAN BLVD
City-State-Zip:	PORT CHARLOTTE FL 33949	City-State-Zip:	PORT CHARLOTTE FL 33952

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: DANIELLE SORRENTINO**DIRECTOR****02/03/2014**

Electronic Signature of Signing Officer/Director Detail

Date