

2025 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N92000000633

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

FILED
Apr 21, 2025
Secretary of State
2669225131CC

Current Principal Place of Business:

1439 SHIELDS STREET
PORT CHARLOTTE, FL 33980

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-BRIGHTMAN, DANIELLE M
1439 SHIELDS STREET
PORT CHARLOTTE, FL 33980 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-BRIGHTMAN

04/21/2025

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title CHAIRMAN
Name JEN, LIAN DO DR.
Address PO BOX 494134
City-State-Zip: PORT CHARLOTTE FL 33949

Title CHAIRMAN
Name VAKIL, SAMIR DR.
Address PO BOX 494134
City-State-Zip: PORT CHARLOTTE FL 33949

Title CHAIRMAN
Name MONTOYA, LILIANA DR.
Address PO BOX 494134
City-State-Zip: PORT CHARLOTTE FL 33949

Title EXECUTIVE DIRECTOR, CEO
Name SORRENTINO-BRIGHTMAN, DANIELLE M
Address PO BOX 494134
City-State-Zip: PORT CHARLOTTE FL 33949

Title CHAIRMAN
Name WILLIAMS, ANDRE DR.
Address PO BOX 494134
City-State-Zip: PORT CHARLOTTE FL 33949

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-BRIGHTMAN

CEO

04/21/2025

Electronic Signature of Signing Officer/Director Detail

Date