

**2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N92000000633

**Entity Name:** CHARLOTTE COUNTY PHYSICIAN-HOSPITAL ORGANIZATION, INC.**FILED**  
**Apr 03, 2015**  
**Secretary of State**  
**CC2054285260****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  
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: DANIELLE SORRENTINO****04/03/2015**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title PAST PRESIDENT

Name BUTLER, JOE MD

Address 21298 OLEAN BLVD.

City-State-Zip: PORT CHARLOTTE FL

Title CHAIRMAN

Name ZUSMAN, NEIL MD

Address 21298 OLEAN BLVD.

City-State-Zip: PORT CHARLOTTE FL

Title PRESIDENT

Name SHELL, STEVEN DR.

Address PO BOX 494134

City-State-Zip: PORT CHARLOTTE FL 33949

Title D

Name VOLLBERG, CARLTON

Address 21298 OLEAN BLVD.

City-State-Zip: PORT CHARLOTTE FL 33952

Title D

Name VAKIL, SAMIR DR.

Address PO BOX 494134

City-State-Zip: PORT CHARLOTTE FL 33949

Title D

Name MONTOYA, LILLIAN DR.

Address PO BOX 494134

City-State-Zip: PORT CHARLOTTE FL 33949

Title DIRECTOR

Name SORRENTINO, DANIELLE M

Address PO BOX 494134

City-State-Zip: PORT CHARLOTTE FL 33949

Title CHAIRMAN

Name BAKER, PHILIP

Address 21298 OLEAN BLVD

City-State-Zip: PORT CHARLOTTE FL 33952

**Continues on page 2**

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****04/03/2015**

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

Title	CHAIRMAN
Name	RICE, THOMAS
Address	21298 OLEAN BLVD
City-State-Zip:	PORT CHARLOTTE FL 33952