



CITY CLERK
JUN 12 2017
CITY of NORTH PORT

**THE CITY OF NORTH PORT, FLORIDA
MEDICAL TASK FORCE APPLICATION**

NAME: Linda N. Woodhall

ADDRESS: 5359 Royal Poinciana Way

CITY/TOWN: North Port STATE: Florida ZIP: 34291

ARE YOU A RESIDENT OF THE CITY OF NORTH PORT: Yes

EMAIL ADDRESS: boblin727@gmail.com

HOME PHONE: 863-547-5860 BUSINESS PHONE: N/A

CELL PHONE: Same FAX: N/A

EMPLOYER INFORMATION:

EMPLOYER: Retired POSITION: _____

EMPLOYER ADDRESS: _____

CITY/TOWN: _____ STATE: _____ ZIP: _____

EDUCATIONAL BACKGROUND: BSN in Nursing; Masters Degree in Nursing Administration; Masters Degree
as a Family Nurse Practitioner and Post Masters as a Geriatric Nurse Practitioner; Board Certified for over
20 years in the State of Texas.

APPLICANT SIGNATURE: Linda N. Woodhall

THE CITY OF NORTH PORT IS SEEKING APPLICANTS to serve on a newly created **Medical Hospital Task Force**. Preference will be given to applicants who are also City residents. It is preferred that a majority of the categories be filled by City residents. However, in cases where local residents are unable or unavailable to fill a specific category, applicants who are not City residents will be considered.

MEDICAL HOSPITAL TASK FORCE MEMBERSHIP: (please indicate the membership category for which you are applying. _____ Licensed Physician experienced in the Florida Certificate of Need (CON) process; _____ CEO (active/retired) from Hospital or Health Care; _____ Financial Administrator from the Medical Industry; _____ Hospital Development Consultant; _____ Expert in Advanced Medical Technology; _____ Medical Educator; _____ Emergency Medical Director/Physician; ☒ At-large North Port Residents **Membership in the Medical Hospital Task Force shall end when the Resolution creating the Task Force is repealed.**

POWERS, DUTIES AND RESPONSIBILITIES: No later than six (6) months after the first meeting of the Medical Hospital Task Force, the Medical Hospital Task Force shall present a report to the City Commission on their findings which should include: 1. North Port located Regional Hospital demand; 2. Partnerships for hospital CON submission; 3. Establishment of Public/Private partnerships for hospitals; 4. Identify attractors for a hospital; 5. Identify type of hospital needed; 6. Needs for medical providers; 7. Land, ingress/egress, infrastructure needs; 8. Other recommendations

PLEASE FORWARD A SIGNED APPLICATION TO THE CITY CLERK IN PERSON, BY FAX: 941-429-7008, OR BY EMAIL: padkins@cityofnorthport.com If you have any questions, please contact the City Clerk at 941-429-7056.



CITY CLERK

JUN 08 2017

CITY of NORTH PORT

**THE CITY OF NORTH PORT, FLORIDA
MEDICAL TASK FORCE APPLICATION**

NAME: CHARLES KOTSAFTIS

ADDRESS: 4218 FAIRWAY PLACE

CITY/TOWN: NORTH PORT STATE: FL ZIP: 34287

ARE YOU A RESIDENT OF THE CITY OF NORTH PORT: Yes

EMAIL ADDRESS: CK4218@COMCAST.NET

HOME PHONE: 941-423-6537 BUSINESS PHONE: _____

CELL PHONE: _____ FAX: _____

EMPLOYER INFORMATION:

EMPLOYER: RETIRED POSITION: —

EMPLOYER ADDRESS: —

CITY/TOWN: — STATE: — ZIP: —

EDUCATIONAL BACKGROUND:

AE INDUSTRIAL ELECTRONICS - WENTWORTH INSTITUTE 1957

BS INDUSTRIAL TECHNOLOGY - NORTHEASTERN UNIV. 1962

MBA RABSON COLLEGE 1969

APPLICANT SIGNATURE: Charles Kotsaftis

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CITY CLERK

JUN 08 2017

CITY of NORTH PORT

THE CITY OF NORTH PORT, FLORIDA MEDICAL TASK FORCE APPLICATION

NAME: Tom Whitlow

ADDRESS: 5784 Malton St

CITY/TOWN: North Port STATE: FL ZIP: 34286

ARE YOU A RESIDENT OF THE CITY OF NORTH PORT: yes

EMAIL ADDRESS: TomWhitlow@gmail.com

HOME PHONE: 941-240-5420 BUSINESS PHONE: NA

CELL PHONE: 941-441-7125 FAX 941-240-5420

EMPLOYER INFORMATION:

EMPLOYER: U.S. Army (retired) POSITION: LTC helicopter pilot

EMPLOYER ADDRESS: Pentagon

CITY/TOWN: Washington STATE: D.C. ZIP: 20310

EDUCATIONAL BACKGROUND: BS Economics - University of Texas

BBA Accounting - " " "

Certified Public Accountant

APPLICANT SIGNATURE: Tom Whitlow

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