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CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
95 JUN 23 AM 9:52

DOCUMENT # N93000005824 (8)

1. Corporation Name

NAPLES PHYSICIAN HOSPITAL ORGANIZATION, INC.

Principal Place of Business	Mailing Address
350 SEVENTH ST. NORTH NAPLES FL 33941-3029	350 SEVENTH ST. NORTH NAPLES FL 33941-3029

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 12/30/1993
3a. Date of Last Report: 05/01/1994
4. FEI Number: ~~APPLIED FOR~~ 65-0531134 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip / County 24 / 25	Zip / County 29 / 30

9. Name and Address of Current Registered Agent

~~ANDRE~~ LAURE A Catherine Campbell
350 7TH ~~STREET~~ NORTH
NAPLES FL 33941-3029

10. Name and Address of New Registered Agent

81 Name: CATHERINE CAMPBELL
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City: FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of Section 607.0505, Florida Statutes.

SIGNATURE: Catherine Campbell 6/10/95
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D EYTEL, CHARLES M.D. 400 8TH ST. NORTH NAPLES FL 33940	11 TITLE / 12 NAME / 13 STREET ADDRESS / 14 CITY-ST-ZIP	D Co-Chairman William Snapp 350 7th Street North Naples, FL 33940	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D GAHAGAN, TOM M.D. 700 2ND AVE. NORTH, #305 NAPLES FL 33940	21 TITLE / 22 NAME / 23 STREET ADDRESS / 24 CITY-ST-ZIP	D Co-Chairman James Worden, M.D. 501 Goodlette Road N #D300 Naples, FL 33940	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D WEISS, ALLEN M.D. 380 TAMIAMI TRAIL NORTH NAPLES FL 33940	31 TITLE / 32 NAME / 33 STREET ADDRESS / 34 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D JONES, RAUL M.D. 773 4TH AVE. NORTH NAPLES FL 33940	41 TITLE / 42 NAME / 43 STREET ADDRESS / 44 CITY-ST-ZIP	D Douglas Boynton, M.D. 400 8th Street N Naples, FL 33940 MEMBER	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D LIEBERT, CARL M.D. 848 CENTRAL AVE, #301 NAPLES FL 33940	51 TITLE / 52 NAME / 53 STREET ADDRESS / 54 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D VILLACAMPA, DULCE M.D. 1009 GOODLETTE RD., STE. 100 NAPLES FL 33940	61 TITLE / 62 NAME / 63 STREET ADDRESS / 64 CITY-ST-ZIP		☐ Change ☐ Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: X William S. Snapp 6-2-95
SIGNATURE AND TYPED OR PRINTED NAME OF MEMBER OR OFFICER OR DIRECTOR Date Daytime Phone #

0016854