

FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT

1996



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

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

3. Date Incorporated or Qualified

12/30/1993

3a. Date of Last Report

06/23/1995

2. Principal Place of Business

2a. Mailing Address

21

Suite Apt. #, etc.

26 C/O DAVIDSON & NICK, CPAs

22

City & State

27 1000 TAMiami TRAIL N. #503

23

Zip Country

28 NAPLES, FLORIDA

24

Zip Country

29 33940 30 USA

4. FEI Number

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

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes

☒

Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CAMPBELL, CATHERINE  
350 7TH STREET NORTH  
NAPLES FL 33941-3029

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when forstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY - ST - ZIP  
CCD  
SNAPP, WILLIAM  
350 7TH ST NORTH  
NAPLES FL

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY - ST - ZIP  
CCD  
WORDEN, JAMES MD  
501 GOODLETTE RD N D-300  
NAPLES FL

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY - ST - ZIP  
D  
WEISS, ALLEN M.D.  
380 TAMiami TRAIL NORTH  
NAPLES FL 33940

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY - ST - ZIP  
D  
BOYNTON, DOUGLAS MD  
400 8TH ST N  
NAPLES FL

TITLE ☒ DELETE

NAME  
STREET ADDRESS  
CITY - ST - ZIP  
D  
LIEBERT, CARL M.D.  
848 CENTRAL AVE, #301  
NAPLES FL 33940

TITLE ☒ DELETE

NAME  
STREET ADDRESS  
CITY - ST - ZIP  
D  
VILLACAMPA, DULCE M.D.  
1008 GOODLETTE RD., STE. 100  
NAPLES FL 33940

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)(k), 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:

William R. Snapp, Jr. (William R. SNAPP, JR.)

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Co-Chair

4/5/96 (94) 436-5010

Daytime Phone #

CR2E037 (12/95)