

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 23, 2007 8:00 am
Secretary of State

04-23-2007 90058 004 ****61.25

DOCUMENT # N93000005824

1. Entity Name
NAPLES PHYSICIAN HOSPITAL ORGANIZATION, INC.



Principal Place of Business
**851 FIFTH AVE. N
STE. 201
NAPLES, FL 34102 US**

Mailing Address
**2400 TAMiami TRAIL N
STE. 201
NAPLES, FL 34103 US**



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

03292007

Chg-NP

CR2E037 (12/06)

4. FEI Number
65-0531134

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**NICK, PAUL C
2400 TAMiami TRAIL N #201
NAPLES, FL 34103**

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**Make check payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE DC ☐ Delete
NAME **WEISS, ALLEN**
STREET ADDRESS **350 7TH ST N**
CITY-ST-ZIP **NAPLES, FL 34102**

TITLE DC ☐ Delete
NAME **GREIDER, DAVID MD**
STREET ADDRESS **350 SEVENTH ST N**
CITY-ST-ZIP **NAPLES, FL 34102**

TITLE D ☐ Delete
NAME **LEACH, GREGORY**
STREET ADDRESS **2171 PINE RIDGE RD.**
CITY-ST-ZIP **NAPLES, FL 34109**

TITLE D ☐ Delete
NAME **PARSONS, GARY MD**
STREET ADDRESS **800 GOODLETTE RD #250**
CITY-ST-ZIP **NAPLES, FL 34102**

TITLE D ☒ Delete
NAME **MCCORMACK, DEBRA J**
STREET ADDRESS **3501 HEALTH CTR DR, #2220**
CITY-ST-ZIP **BONITA SPRINGS, FL 34135**

TITLE D ☒ Delete
NAME **MEAD, LEON PK M**
STREET ADDRESS **730 GOODLETTE RD N, SUITE 201**
CITY-ST-ZIP **NAPLES, FL 34102**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D ☐ Change ☒ Addition
NAME **JOSEPH GAUTA MD**
STREET ADDRESS **1890 SW HEALTH PARKWAY #205**
CITY-ST-ZIP **NAPLES, FL 34109**

TITLE D ☐ Change ☒ Addition
NAME **ROBERT STATFELD MD**
STREET ADDRESS **4949 TAMiami TRAIL NORTH #206**
CITY-ST-ZIP **NAPLES, FL 34103**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Day Phone #

4/11/07