

2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N93000005824

FILED
Feb 17, 2010
Secretary of State

Entity Name: NAPLES PHYSICIAN HOSPITAL ORGANIZATION, INC.

Current Principal Place of Business:

851 FIFTH AVE. N
STE. 201
NAPLES, FL 34102 US

New Principal Place of Business:

Current Mailing Address:

2400 TAMIAMI TRAIL N
STE. 201
NAPLES, FL 34103 US

New Mailing Address:

FEI Number: 65-0531134 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

NICK, PAUL C
2400 TAMIAMI TRAIL N #201
NAPLES, FL 34103 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D
Name: STATSELD, ROBERT MD
Address: 4949 TAMIAMI TRAIL N #206
City-St-Zip: NAPLES, FL 34103

Title: D
Name: GREIDER, DAVID MD
Address: 350 SEVENTH ST N
City-St-Zip: NAPLES, FL 34102

Title: D
Name: LEACH, GREGORY
Address: 2171 PINE RIDGE RD.
City-St-Zip: NAPLES, FL 34109

Title: D
Name: PARSONS, GARY MD
Address: 800 GOODLETTE RD #250
City-St-Zip: NAPLES, FL 34102

Title: D
Name: WILSON, ROBERT DO
Address: 2840 IMMOKALEE RD #2
City-St-Zip: NAPLES, FL 34110

Title: D
Name: WHALEY, DAVID MD
Address: 6101 PINE RIDGE ROAD
City-St-Zip: NAPLES, FL 34119

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: ROBERT STATSELD

D

02/17/2010

Electronic Signature of Signing Officer or Director

Date