

**2020 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N93000005824

**Entity Name:** NAPLES PHYSICIAN HOSPITAL ORGANIZATION, INC.**Current Principal Place of Business:**851 FIFTH AVE. N  
STE. 201  
NAPLES, FL 34102**Current Mailing Address:**851 FIFTH AVE. N  
STE. 201  
NAPLES, FL 34102 US**FEI Number:** 65-0531134**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**COMMUNITY HEALTH PARTNERS  
851 FIFTH AVE N  
201  
NAPLES, FL 34102 US*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

**Officer/Director Detail :**

Title D  
Name TALANO, JAMES MD  
Address 851 FIFTH AVE NORTH  
STE 201  
City-State-Zip: NAPLES FL 34102

Title D  
Name LEWIS, JOHN MD  
Address 851 FIFTH AVE. N  
STE. 201  
City-State-Zip: NAPLES FL 34102

Title D  
Name KAMERMAN, MAX MD  
Address 851 FIFTH AVE. N  
STE. 201  
City-State-Zip: NAPLES FL 34102

Title D  
Name WOLFF, BRIAN MD  
Address 851 FIFTH AVE. N  
STE. 201  
City-State-Zip: NAPLES FL 34102

Title DIRECTOR  
Name PEREZ-TREPICHIO, ALEJANDRO MD  
Address 851 FIFTH AVE. N  
STE. 201  
City-State-Zip: NAPLES FL 34102

Title DIRECTOR  
Name RILEY, MICHAEL  
Address 851 FIFTH AVE. N  
STE. 201  
City-State-Zip: NAPLES FL 34102

Title DIRECTOR  
Name DUTCHER, PHIL  
Address 851 FIFTH AVE. N  
STE. 201  
City-State-Zip: NAPLES FL 34102

Title DIRECTOR  
Name MURPHEY, BRYAN  
Address 851 FIFTH AVE. N  
STE. 201  
City-State-Zip: NAPLES FL 34102

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*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:** SUSAN KATHLEEN JARDONE

COO

06/09/2020

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

Title DIRECTOR  
Name LEACH, GREGORY  
Address 851 FIFTH AVE. N  
STE. 201  
City-State-Zip: NAPLES FL 34102

Title D  
Name SCANLON, JAMES MD  
Address 851 FIFTH AVE NORTH SUITE 201  
City-State-Zip: NAPLES FL 34102

Title D  
Name ASTOR, FRANK MD  
Address 851 FIFTH AVE NORTH SUITE 201  
City-State-Zip: NAPLES FL 34102

Title COO  
Name JARDONE, SUSAN KATHLEEN  
Address 851 FIFTH AVE. N  
STE. 201  
City-State-Zip: NAPLES FL 34102

Title D  
Name NAJM MASOUD, SOBIA MD  
Address 851 FIFTH AVE NORTH SUITE 201  
City-State-Zip: NAPLES FL 34102

Title D  
Name WYLES, RICK  
Address 851 FIFTH AVE NORTH SUITE 201  
City-State-Zip: NAPLES FL 34102