

2014 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 STATFELD, ROBERT MD
Address 4949 TAMIAMI TRAIL N #206
City-State-Zip: NAPLES FL 34103

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

Title D
Name LEACH, GREGORY
Address 1250 PINE RIDGE RD.
City-State-Zip: NAPLES FL 34109

Title D
Name PARSONS, GARY MD
Address 800 GOODLETTE RD #350
City-State-Zip: NAPLES FL 34102

Title D
Name WILSON, ROBERT DO
Address 2940 IMMOKALEE RD #2
City-State-Zip: NAPLES FL 34110

Title D
Name WOLFF, BRIAN MD
Address 671 GOODLETTE RD S #120
City-State-Zip: NAPLES FL 34102

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: DAVID GREIDER

DIRECTOR

01/10/2014

Electronic Signature of Signing Officer/Director Detail

Date