

**2013 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**

**01/25/2013**

Electronic Signature of Signing Officer/Director Detail

Date