

2019 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

04/11/2019

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