

2014 FLORIDA NOT FOR PROFIT CORPORATION AMENDED 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 851 FIFTH AVE. N
STE. 201
City-State-Zip: NAPLES FL 34102

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 PARSONS, GARY 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 ANAND, PAVAN 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

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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: JAMES TALANO

DIRECTOR

02/27/2014

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

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