2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# L01000003899

City-St-Zip: NAPLES, FL 34102

Entity Name: SOUTHWEST FLORIDA PHYSICIANS, LLC

FILED Jan 03, 2003 Secretary of State

Current Principal Place of Business:				New Principal Place of Business:		
11161HEA NAPLES, I	LTH PARK BL FL 34110	VD.				
Current Mailing Address:				New Mailing Address:		
11161 HEALTH PARK BLVD. NAPLES, FL 34102				11161 HEALTH PARK BLVD. NAPLES, FL 34110		
FEI Number:	: 52-2315549	FEI Number Applied For ()	FEI Nur	mber Not Applicable ()	Certificate of Status Desired ()	
Name and Address of Current Registered Agent:				Name and Address of New Registered Agent:		
11161 HEANAPLES, I	named entity of Florida.	JS	ourpose c	of changing its registe	red office or registered agent, or both,	
SIGNATURE: Electronic Signature of Registered Agent					 Date	
MANAGING MEMBERS/MEMBERS:				ADDITIONS/CHANGES:		
Title: Name: Address: City-St-Zip:	MGR (BUCKLEY, THO 11161 HEALTH NAPLES, FL 3	I PARK BLVD.		Title: Name: Address: City-St-Zip:	()Change ()Addition	
Title: Name: Address: City-St-Zip:	MGR (COOK, THOMA 4949 TAMIAMI NAPLES, FL 3	TRAIL NORTH		Title: Name: Address: City-St-Zip:	()Change ()Addition	
Title: Name: Address:	MGR (LANDI, JOHN F 85 8TH STREE			Title: Name: Address:	() Change () Addition	

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

City-St-Zip:

SIGNATURE: THOMAS C. BUCKLEY MGR 01/03/2003