

**2004 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 17, 2004 08:00 AM
Secretary of State

DOCUMENT # N01000004315

1. Entity Name
**SOUTHWEST INDEPENDENT PRACTICE ASSOCIATION,
INC.**



Principal Place of Business
**5238 MASON CORBIN CT., STE. 102
FT. MYERS, FL 33907**

Mailing Address
**5238 MASON CORBIN CT., STE. 102
FT. MYERS, FL 33907**

DO NOT WRITE IN THIS SPACE



01092004 No Chg-NP CR2E037 (10/03)

4. FEI Number
65-1114075

Applied For
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**CHARARA, HUSNI A
8851 BOARDROOM CIRCLE
FT. MYERS, FL 33919**

**DO NOT WRITE
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2004**

9. Election Campaign Financing
Trust Fund Contribution ☐

**\$5.00 May Be
Added to Fees**

U000000030912
03/17/04-80038-006 61.25

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**DP
CHARARA, HUSNI A
8851 BOARDROOM CIRCLE
FT. MYERS, FL 33919**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**DST
HOLBERG, STEVEN E
5238 MASON CORBIN CT., STE. 102
FT. MYERS, FL 33907**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**DV
IMANUEL, HOWARD M
13681 METROPOLIS AVE.
FT. MYERS, FL 33912**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address with all other title empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #