

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08000010478

FILED  
Mar 19, 2009  
Secretary of State

**Entity Name:** NORTH PORT PHYSICIANS ASSOCIATION, INC.

**Current Principal Place of Business:**

3430 TAMIAMI TRAIL  
SUITE B  
PORT CHARLOTTE, FL

**New Principal Place of Business:**

**Current Mailing Address:**

3430 TAMIAMI TRAIL  
SUITE B  
PORT CHARLOTTE, FL

**New Mailing Address:**

**FEI Number:** 26-3946953

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

HOLMES, DAVID A  
99 NESBIT STRETT  
PUNTA GORDA, FL 33950 US

**Name and Address of New Registered Agent:**

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

**OFFICERS AND DIRECTORS:**

Title: D ( ) Delete  
Name: WHITE, JAMES E  
Address: 21481 HARBORSIDE BLVD.  
City-St-Zip: PORT CHARLOTTE, FL 33952

Title: D ( ) Delete  
Name: FLESZAR, DAVID  
Address: 1705 EAGLES FLIGHT WAY  
City-St-Zip: NORTH PORT, FL 34287

Title: D ( ) Delete  
Name: ROSS, STEPHEN M  
Address: 17501 O' HARA DRIVE  
City-St-Zip: PORT CHARLOTTE, FL 33948

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: JAMES E. WHITE

D

03/19/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date