


# 2007 NON-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 23, 2007 8:00 am**  
**Secretary of State**

04-23-2007 90058 006 \*\*\*\*61.25

<b>DOCUMENT # N24219</b> 1. Entity Name <b>SOUTHWEST FLORIDA PHYSICIANS' ASSOCIATION, INC.</b>					
Principal Place of Business <b>C/O DAVIDSON &amp; NICK, CPA          2400 TAMiami TRAIL NORTH STE 201          NAPLES, FL 34103 US</b>			Mailing Address <b>C/O DAVIDSON &amp; NICK, CPA          2400 TAMiami TRAIL NORTH STE 201          NAPLES, FL 34103 US</b>		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
4. FEI Number <b>65-0020619</b>			Applied For <input type="checkbox"/> Not Applicable		
5. Certificate of Status Desired <input type="checkbox"/>			<b>\$8.75 Additional Fee Required</b>		
6. Name and Address of Current Registered Agent  <b>NICK, PAUL C          2400 TAMiami TRAIL NORTH          SUITE 201          NAPLES, FL 34103</b>			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <span style="float: right;"><b>FL</b></span> Zip Code		
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>					
<b>Filing Fee is \$61.25 Due by May 1, 2007</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>DC</b> <b>MCCORMACK, DEBRA</b> <b>3501 HEALTH CENTER BLVD, #2220</b> <b>BONITA SPRINGS, FL 34135</b> <input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>D</b> <b>ROBERT STATFELD, MD</b> <b>4949 TAMiami TRAIL NORTH #206</b> <b>NAPLES, FL 34103</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>D</b> <b>GREIDER, DAVID MD</b> <b>350 SEVENTH STREET NORTH</b> <b>NAPLES, FL 34102</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>D</b> <b>LEACH, GREGORY MD</b> <b>2171 PINE RIDGE ROAD</b> <b>NAPLES, FL 34109</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>D</b> <b>MEAD, LEON MD</b> <b>730 GOODLETTE RD N STE 201</b> <b>NAPLES, FL 34102</b> <input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>DC</b> <b>JOSEPH GAUTA</b> <b>1890 SW HEALTH PARKWAY #205</b> <b>NAPLES, FL 34109</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>D</b> <b>PARSONS, GARY MD</b> <b>800 GOODLETTE RD # 250</b> <b>NAPLES, FL 34102</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>D</b> <b>BROWN, MARK MD</b> <b>800 GOODLETTE ROAD #250</b> <b>NAPLES, FL 34102</b> <input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>D</b> <b>ROBERT WILSON, DO</b> <b>2940 IMMOKALEE ROAD #2</b> <b>NAPLES, FL 34110</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 like empowered.					
<b>SIGNATURE:</b> <i>Pam Vener</i>			4/11/07 (232) 659 7701		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					