

2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N24219

FILED
Feb 17, 2010
Secretary of State

Entity Name: SOUTHWEST FLORIDA PHYSICIANS' ASSOCIATION, INC.

Current Principal Place of Business:

C/O DAVIDSON & NICK, CPA
2400 TAMIAMI TRAIL NORTH STE 201
NAPLES, FL 34103 US

New Principal Place of Business:

Current Mailing Address:

C/O DAVIDSON & NICK, CPA
2400 TAMIAMI TRAIL NORTH STE 201
NAPLES, FL 34103 US

New Mailing Address:

FEI Number: 65-0020619

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

NICK, PAUL C
2400 TAMIAMI TRAIL NORTH
SUITE 201
NAPLES, FL 34103 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
Name: STATSELD, ROBERT MD
Address: 4949 TAMIAMI TRAIL NORTH #206
City-St-Zip: NAPLES, FL 34103

Title: D
Name: GREIDER, DAVID MD
Address: 350 SEVENTH STREET NORTH
City-St-Zip: NAPLES, FL 34102

Title: D
Name: LEACH, GREGORY MD
Address: 2171 PINE RIDGE ROAD
City-St-Zip: NAPLES, FL 34109

Title: DC
Name: GAUTA, JOSEPH
Address: 1890 SW HEALTH PARKWAY 3205
City-St-Zip: NAPLES, FL 34109

Title: D
Name: PARSONS, GARY MD
Address: 800 GOODLETTE RD # 250
City-St-Zip: NAPLES, FL 34102

Title: D
Name: WILSON, ROBERT DO
Address: 2940 IMMOKALEE RD #2
City-St-Zip: NAPLES, FL 34110

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: JOSEPH GAUTA

DC

02/17/2010

Electronic Signature of Signing Officer or Director

Date