

# 2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N24219

FILED  
Jan 06, 2011  
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:**

851 5TH AVE NORTH  
#201  
NAPLES, FL 34102 US

**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:**

DAVIDSON AND NICK CPAS  
2400 TAMIAMI TRAIL NORTH  
SUITE 201  
NAPLES, FL 34103 US

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: DAVIDSON AND NICK CPAS

01/06/2011

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: 1250 PINE RIDGE ROAD  
City-St-Zip: NAPLES, FL 34109

Title: D  
Name: WOLFF, BRIAN MD  
Address: 671 GOODLETTE RD S. #120  
City-St-Zip: NAPLES, FL 34102

Title: D  
Name: PARSONS, GARY MD  
Address: 800 GOODLETTE RD # 350  
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: DAVID GREIDER, MD

D

01/06/2011

Electronic Signature of Signing Officer or Director

Date