2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 12, 2012
Secretary of State

DOCUMENT# N24219

Entity Name: SOUTHWEST FLORIDA PHYSICIANS' ASSOCIATION, INC.

Current Principal Place of Business:

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

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

FEI Number: 65-0020619 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

COMMUNITY HEALTH PARTNERS
851 FIFTH AVE N
SUITE 201
NAPLES, FL 34102 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: COMMUNITY HEALTH PARTNERS 04/12/2012
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 D 04/12/2012
Electronic Signature of Signing Officer or Director Date