FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT 1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED
95 MAY -1 AM 8:53
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N44529 (8)

1. Corporation Name

SOUTHWEST FLORIDA PHYSICIAN HOSPITAL ORGANIZATIO N, INC.

Principal Place of Business	Mailing Address
12800 UNIVERSITY DRIVE 560 FT. MYERS FL 33907 US	12800 UNIVERSITY DRIVE 560 FT. MYERS FL 33907 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 08/01/1991
3a. Date of Last Report: 05/01/1994
4. FEI Number: 65-0316800 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032 Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21 ONE PARK PLAZA	26 PO BOX 570
22 Suite, Apt #, etc	27 Suite, Apt. #, etc ATTN: TAX DEPT.
23 City & State NASHVILLE TN	28 City & State NASHVILLE TN
24 Zip 37203 25 Country	29 Zip 37202 30 Country

9. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE ______ DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	C	11 TITLE	D ☒ Change ☐ Addition
NAME	ZELLNER, STEPHEN R.	12 NAME	
STREET ADDRESS	12800 UNIVERSITY DRIVE, SUITE 560	13 STREET ADDRESS	ONE PARK PLAZA
CITY ST ZIP	FT. MYERS FL	14 CITY ST ZIP	NASHVILLE TN 37203
TITLE	D	21 TITLE	☒ Change ☐ Addition
NAME	TRITEL, HARVEY	22 NAME	
STREET ADDRESS	12800 UNIVERSITY DRIVE, SUITE 560	23 STREET ADDRESS	ONE PARK PLAZA
CITY ST ZIP	FT. MYERS FL	24 CITY ST ZIP	NASHVILLE TN 37203
TITLE	D	31 TITLE	TS ☒ Change ☐ Addition
NAME	BACON, BRUCE C.	32 NAME	MIKE NEEP
STREET ADDRESS	12800 UNIVERSITY DRIVE, SUITE 560	33 STREET ADDRESS	ONE PARK PLAZA
CITY ST ZIP	FT. MYERS FL	34 CITY ST ZIP	NASHVILLE TN 37203
TITLE	D	41 TITLE	DC ☒ Change ☐ Addition
NAME	DAVIS, RICHARD H	42 NAME	STEVEN E. LEVINE, M.D
STREET ADDRESS	12800 UNIVERSITY DRIVE, SUITE 560	43 STREET ADDRESS	ONE PARK PLAZA
CITY ST ZIP	FT. MYERS FL	44 CITY ST ZIP	NASHVILLE TN 37203
TITLE	D	51 TITLE	☒ Change ☐ Addition
NAME	HARRISON, STUART S.	52 NAME	
STREET ADDRESS	12800 UNIVERSITY DRIVE, SUITE 560	53 STREET ADDRESS	
CITY ST ZIP	FT. MYERS FL	54 CITY ST ZIP	
TITLE	S	61 TITLE	☒ Change ☐ Addition
NAME	LEVINE, STEVEN C.	62 NAME	
STREET ADDRESS	12800 UNIVERSITY DRIVE, SUITE 560	63 STREET ADDRESS	
CITY ST ZIP	FT. MYERS FL	64 CITY ST ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: [signature] Vice President
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

APR 26 95
Date

615-320-2151
Daytime Phone #

0080433

N44529

Revised 10/10/94

SOUTHWEST FLORIDA PHYSICIAN HOSPITAL ORGANIZATION, INC.

Board of Directors

Nick Carbone
John Cossu, D.O.
Nicasio David, M.D.
Richard H. Davis, M.D.
David N. DePree, M.D.
David Gomeringer, D.O.
Chuck Hall
Lowell Hart, M.D.
Gerald Laboda, D.D.S.
Steven E. Levine, M.D.
Mike Neeb
Denny Powell
Joe Quinlan
Robert A. Savona, D.O.
Rob Simmons, M.D.
Michael Sweeney, M.D.
Harvey Tritell, M.D.
Stephen R. Zellner, M.D.
Ira Zucker, M.D.

Officers

Steven E. Levine, M.D.	Interim Chairman
Mike Neeb	Treasurer/Secretary
David N. DePree, M.D.	Vice-Chairman