APPROVED AND FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILE NOW: FILING FEE AFTER MAY 1ST IS $550.00

PROFIT CORPORATION ANNUAL REPORT
1998

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

DOCUMENT #N44529

1. Corporation Name
SOUTHWEST FLORIDA PHYSICIAN HOSPITAL ORGANIZATION, INC.

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*****61.25 *****61.25

Principal Place of Business	Mailing Address
2000 Main St. Suite 601 Fort Myers, FL 33901	2000 Main St. Suite 601 Fort Myers, FL 33901

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 8/1/91

2. Principal Place of Business	2a. Mailing Address
21 2000 Main St	26 2000 main St.
Suite, Apt. #, etc. 22 Suite 601	Suite, Apt. #, etc. 27 Suite 601
City & State 23 Ft. Myers FL	City & State 28 Ft Myers, FL
Zip 24 33901 Country 25 USA	Zip 29 33901 Country 30 USA

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

8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent
The Prentice-Hall Corporation System, Inc.
1201 Hays St.
Tallahassee, FL 32301

10. Name and Address of New Registered Agent
51 Name: Steven E. Levine, M.D.
52 Street Address (P.O. Box Number is Not Acceptable): 2000 main St.
53 Suite 601
54 City: Fort Myers FL 55 Zip Code: 33901

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: [signature] 4/28/98
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Director Stuart Harrison, M.D. 12800 University Dr. Suite 5160 Fort Myers, FL 33907 ☒ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	Chairman/Director Steven E. Levine, M.D. 2000 main St. Suite 601 Ft. Myers FL 33901 ☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	Director Stephen Zellner, M.D. 2000 main St. Suite 601 Ft. Myers FL 33901 ☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP	Treasurer/Director Joseph M. Parslow 2000 Main St. Suite 601 Fort Myers, FL 33901 ☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP	Vice Chairman/Director David Gomeringa, D.O. 2000 main St. Suite 601 Ft. Myers, FL 33901 ☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP	Secretary/Director Douglas Savage, M.D. 2000 main St. Suite 601 Ft. Myers, FL 33901 ☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP	[signature] 4/30/98 ☐ Change ☐ Addition

CR2E034 (10/97)

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: [signature] 4/28/98 (941) 477-3955
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #