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NONPROFIT CORPORATION ANNUAL REPORT

1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **N44529**

1. Corporation Name

SOUTHWEST FLORIDA PHYSICIAN HOSPITAL ORGANIZATIO N, INC.

Principal Place of Business	Mailing Address
2000 MAIN STREET SUITE 601 FT. MYERS FL 33901 US	2000 MAIN STREET SUITE 601 FT. MYERS FL 33901 US

2. Principal Place of Business — 21
Suite, Apt. #, etc. — 22
City & State — 23
Zip — 24 Country — 25

2a. Mailing Address — 26
Suite, Apt. #, etc. — 27
City & State — 28
Zip — 29 Country — 30

3. Date Incorporated or Qualifed: 08/01/1991

4. FEI Number: 65-0316800 ☐ Applied For ☐ Not Applicable

5. Certifcate of Status Desired ☒ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

9. Name and Address of Current Registered Agent

LEVINE, STEVEN E M.D.
2000 MAIN STREET
SUITE 601
FORT MYERS FL 33901

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 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	CD	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	LEVINE, STEVEN E M.D.		1.2 NAME		
STREET ADDRESS	2000 MAIN STREET, SUITE 601		1.3 STREET ADDRESS		
CITY-ST-ZIP	FT. MYERS FL 33901		1.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	ZELLNER, STEPHEN M.D.		2.2 NAME		
STREET ADDRESS	2000 MAIN STREET, SUITE 601		2.3 STREET ADDRESS		
CITY-ST-ZIP	FT. MYERS FL 33901		2. 4 CITY-ST-ZIP		
TITLE	TD	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	PARSLOW, JOSEPH M		3.2 NAME		
STREET ADDRESS	2000 MAIN STREET, SUITE 601		3.3 STREET ADDRESS		
CITY-ST-ZIP	FORT MYERS FL 33901		3.4. CITY-ST-ZIP		
TITLE	VCD	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	GOMERINGER, DAVID D.O.		4. 2 NAME		
STREET ADDRESS	2000 MAIN STREET SUITE 601		4.3 STREET ADDRESS		
CITY-ST-ZIP	FORT MYERS FL 33901		4.4 CITY-ST-ZIP		
TITLE	SD	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	SAVAGE, DOUGLAS M.D.		5.2 NAME		
STREET ADDRESS	2000 MAIN STREET, SUITE 601		5.3 STREET ADDRESS		
CITY-ST-ZIP	FT. MYERS FL 33901		5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: SIGNATURE REQUIRED — 2/16/99 — (941) 477-3955
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
Steven E. Levine M.D.

CR2E037_(1/98)