

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N44529

1. Entity Name

SOUTHWEST FLORIDA PHYSICIAN HOSPITAL ORGANIZATIO

FILED
Apr 21, 2000 8:00 am
Secretary of State

04-21-2000 90033 010 ****70.00

Principal Place of Business	Mailing Address
2000 MAIN STREET SUITE 601 FT. MYERS FL 33901 US	2000 MAIN STREET SUITE 601 FT. MYERS FL 33901-5501 US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 3800 Evans Ave.	3. Mailing Address 3800 Evans Ave.
Suite, Apt. #, etc. Suite 1	Suite, Apt. #, etc. Suite 1
City & State Ft. Myers, FL	City & State Ft. Myers, FL
Zip 33901	Zip 33901
Country USA	Country USA

4. FEI Number 65-0316800	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
LEVINE, STEVEN E M.D. 2000 MAIN STREET SUITE 601 FORT MYERS FL 33901	Name Steven E. Levine, M.D. Street Address (P.O. Box Number is Not Acceptable) 3800 Evans Ave Suite 1 City Ft. Myers, FL FL Zip Code 33901

8. 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 Steven E. Levine M.D.
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE
President + Chairman

FILE NOW: FEE IS \$61.25	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make Check Payable to Department of State
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10. OFFICERS AND DIRECTORS	11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10																																																																																																																								
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12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR President + Chairman Date 94-931-8111 Daytime Phone #

CR2E037 (9/99)