

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N44529

1. Entity Name

SOUTHWEST FLORIDA PHYSICIAN HOSPITAL ORGANIZATIO

FILED
Mar 09, 2001 8:00 am
Secretary of State

03-09-2001 90475 020 ****70.00

Principal Place of Business

3800 EVANS AVE
SUITE 1
FT. MYERS FL 33901
US

Mailing Address

3800 EVANS AVE
SUITE 1
FT. MYERS FL 33901
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0316800

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional
Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

LEVINE, STEVEN E M.D.
3800 EVANS AVE
SUITE 1
FORT MYERS FL 33901

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD LEVINE, STEVEN E M.D. 3800 EVANS AVE, SUITE 1 FT. MYERS FL 33901	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VCD GOMERINGER, DAVID D.O. 3800 EVANS AVE, STE 1 FORT MYERS FL 33901	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD SAVAGE, DOUGLAS M.D. 3800 EVANS AVE, SUITE 1 FT. MYERS FL 33901	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

Signature
Chm, Mrs Surf Pto

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

Date

Daytime Phone #

(941) 931-8111

CR2E037 (10/00)