2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

DOCUMENT # N44529

1. Entity Name

SOUTHWEST FLORIDA PHYSICIAN HOSPITAL ORGANIZATION, INC.

Principal Place of Business

3800 EVANS AVE

SUITE 1 FT. MYERS, FL 33901 US

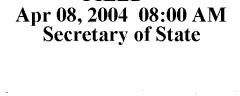
Mailing Address

3800 EVANS AVE

SUITE 1

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FT. MYERS, FL 33901 US



FILED



03242004 No Chg-NP

CR2E037 (10/03)

4.	FEI Number
}	FEI Number 65-0316800

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

239.931.

8. Name and Address of Current Registered Agent

GOMERINGER, DAVID 3800 EVANS AVE SUITE 1 FORT MYERS, FL 33901

SIGNATURE

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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. I am familiar with, and accept the obligations of registered agent.							
SIGNATURE							
Signature, typed or printed name of registered agent and title if applicable (NOTE Registered Agent stgnature required When reinstalling) DATE							
1	Filing Fee is \$61.25 Due by May 1, 2004	Election Campaign Financin Trust Fund Contribution.		\$5.00 May Se Added to Fees	U00000106416 04/08/04-80014-020 61.25		
10.	OFFICERS AND DIRE	CTORS		, .			
TITLE NAME STREET ADDRESS CITY-SI-ZP	DP GOMERINGER, DAVID D.O. 3800 EVANS AVE, STE 1 FORT MYERS, FL 33901				-		
TITLE NAME STREET ADDRESS CHY-ST-ZIP	SD KNIFIC, RANOY 3 3800 EVAN AVE STE 1 FORT MYERS, FL 33901			·			
TITLE NAME STREET ADDRESS CHY-ST-ZIP	VCD D'ANGELO, ANTHONY MD 3800 EVANS AVE STE1 FORT MYERS, FL 33901			DO NOT WRITE IN THIS SPACE			
TITLE MAME STREET ADDRESS CITY-SI-ZIP	SS						
TITLE NAME STREET ADDRESS CITY-ST-ZIP							
TITLE NAME STREET ADDRESS CITY-ST-ZEP		·					
12. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(1). Florida Statutes, I further certify that the information indicated on this report or suppressed report is true and applicate 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 bustee 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 attagriment with an address, with all other like empowered.							