


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 08, 2004 08:00 AM
Secretary of State

DOCUMENT #N44529 1. Entity Name SOUTHWEST FLORIDA PHYSICIAN HOSPITAL ORGANIZATION, INC.	
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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
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DO NOT WRITE IN THIS SPACE



03242004 No Chg-NP CR2E037 (10/03)

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

6. Name and Address of Current Registered Agent

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

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IN THIS SPACE

6. 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 signature required when reissuing) DATE

Filing Fee is \$61.25 Due by May 1, 2004	9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	U000000106416 04/08/04-80014-020 61.25
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	DP GOMERINGER, DAVID D.O. 3800 EVANS AVE, STE 1 FORT MYERS, FL 33901
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD KNIFIC, RANOF 3800 EVAN AVE STE 1 FORT MYERS, FL 33901
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VCD D'ANGELO, ANTHONY MD 3800 EVANS AVE STE1 FORT MYERS, FL 33901
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.07(3)(b), 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date **3/29/04** Daytime Phone # **239.931.8111**