

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N93000005824

FILED
Apr 28, 2009
Secretary of State

Entity Name: NAPLES PHYSICIAN HOSPITAL ORGANIZATION, INC.

Current Principal Place of Business:

851 FIFTH AVE. N
STE. 201
NAPLES, FL 34102 US

New Principal Place of Business:

Current Mailing Address:

2400 TAMIAMI TRAIL N
STE. 201
NAPLES, FL 34103 US

New Mailing Address:

FEI Number: 65-0531134

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

NICK, PAUL C
2400 TAMIAMI TRAIL N #201
NAPLES, FL 34103 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: STATSELD, ROBERT MD
Address: 4949 TAMIAMI TRAIL N #206
City-St-Zip: NAPLES, FL 34103

Title: D () Delete
Name: GREIDER, DAVID MD
Address: 350 SEVENTH ST N
City-St-Zip: NAPLES, FL 34102

Title: D () Delete
Name: LEACH, GREGORY
Address: 2171 PINE RIDGE RD.
City-St-Zip: NAPLES, FL 34109

Title: D () Delete
Name: PARSONS, GARY MD
Address: 800 GOODLETTE RD #250
City-St-Zip: NAPLES, FL 34102

Title: D () Delete
Name: WILSON, ROBERT DO
Address: 2840 IMMOKALEE RD #2
City-St-Zip: NAPLES, FL 34110

Title: D () Delete
Name: WHALEY, DAVID MD
Address: 6101 PINE RIDGE ROAD
City-St-Zip: NAPLES, FL 34119

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
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Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: PAUL C. NICK

D

04/28/2009

Electronic Signature of Signing Officer or Director

Date