

**2023 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N24219

**Entity Name:** SOUTHWEST FLORIDA PHYSICIANS' ASSOCIATION, INC.

**FILED**  
**Mar 23, 2023**  
**Secretary of State**  
**1830860833CC**

**Current Principal Place of Business:**

851 5TH AVE NORTH  
#201  
NAPLES, FL 34102

**Current Mailing Address:**

851 5TH AVE NORTH  
#201  
NAPLES, FL 34102 US

**FEI Number: 65-0020619**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

COMMUNITY HEALTH PARTNERS  
851 FIFTH AVE N  
SUITE 201  
NAPLES, FL 34102 US

*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

**Officer/Director Detail :**

Title D  
Name WOLFF, BRIAN MD  
Address 671 GOODLETTE RD S. #120  
City-State-Zip: NAPLES FL 34102

Title D  
Name LEACH, GREG MD  
Address 851 FIFTH AVE NORTH SUITE 201  
City-State-Zip: NAPLES FL 34102

Title DIRECTOR  
Name TALANO, JAMES MD  
Address 851 5TH AVE NORTH #201  
City-State-Zip: NAPLES FL 34102

Title COO  
Name JARDONE, SUSAN KATHLEEN  
Address 851 5TH AVE NORTH #201  
City-State-Zip: NAPLES FL 34102

Title DIRECTOR  
Name KAMERMAN, MAX MD  
Address 851 5TH AVE NORTH #201  
City-State-Zip: NAPLES FL 34102

Title DIRECTOR  
Name PEREZ-TREPICHIO, ALEJANDRO MD  
Address 851 5TH AVE NORTH #201  
City-State-Zip: NAPLES FL 34102

Title D  
Name LEWIS, JOHN P MD  
Address 851 FIFTH AVE NORTH SUITE 201  
City-State-Zip: NAPLES FL 34102

Title D  
Name MURPHEY, BRYAN MD  
Address 851 FIFTH AVE NORTH SUITE 201  
City-State-Zip: NAPLES FL 34102

**Continues on page 2**

*I hereby 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 all other like empowered.*

**SIGNATURE: SUSAN KATHLEEN JARDONE**

**COO**

**03/23/2023**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date

**Officer/Director Detail Continued :**

Title D  
Name SCANLON, JAMES MD  
Address 851 FIFTH AVE NORTH SUITE 201  
City-State-Zip: NAPLES FL 34102

Title D  
Name NAJM MASOUD, SOBIA MD  
Address 851 FIFTH AVE NORTH SUITE 201  
City-State-Zip: NAPLES FL 34102