

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED  
Mar 31 1998 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1998



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # 573104 (7)  
1. Corporation Name  
EMERGENCY PHYSICIANS, INC.



Principal Place of Business  
800 PRUDENTIAL DR.  
P O BOX 5178  
JACKSONVILLE FL 32247

Mailing Address  
800 PRUDENTIAL DR.  
P O BOX 5178  
JACKSONVILLE FL 32247

DO NOT WRITE IN THIS SPACE

|                                |  |                        |  |                                                                  |  |
|--------------------------------|--|------------------------|--|------------------------------------------------------------------|--|
| 2. Principal Place of Business |  | 2a. Mailing Address    |  | 3. Date Incorporated or Qualified                                |  |
| 21 Suite, Apt. #, etc.         |  | 26 Suite, Apt. #, etc. |  | 05/22/1978                                                       |  |
| 22 City & State                |  | 27 City & State        |  | 4. FEI Number                                                    |  |
| 23 Zip                         |  | 28 Zip                 |  | 59-1835473                                                       |  |
| 24 Country                     |  | 29 Country             |  | 5. Certificate of Status Desired                                 |  |
|                                |  |                        |  | 8.75 Additional Fee Required                                     |  |
|                                |  |                        |  | 6. Election Campaign Financing                                   |  |
|                                |  |                        |  | Trust Fund Contribution                                          |  |
|                                |  |                        |  | 5.00 May Be Added to Fees                                        |  |
|                                |  |                        |  | 8. This corporation owes or has paid the current year Intangible |  |
|                                |  |                        |  | Personal Property Tax due June 30.                               |  |
|                                |  |                        |  | Yes No                                                           |  |

9. Name and Address of Current Registered Agent

ASBURY, LLOYD T.  
214 N CLAY ST #100  
JACKSONVILLE FL 32202

10. Name and Address of New Registered Agent

81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
83  
84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

| 12. OFFICERS AND DIRECTORS |                        | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |                    |
|----------------------------|------------------------|-------------------------------------------------------|--------------------|
| TITLE                      | D                      | 1.1 TITLE                                             | S/D                |
| NAME                       | STIMLER, JOHN          | 1.2 NAME                                              | J CAROL GRIBB      |
| STREET ADDRESS             | 820 PRUDENTIAL DR #713 | 1.3 STREET ADDRESS                                    | SAME ADDRESS       |
| CITY-ST-ZIP                | JACKSONVILLE, FL 00000 | 1.4 CITY-ST-ZIP                                       |                    |
| TITLE                      | PD                     | 2.1 TITLE                                             | D                  |
| NAME                       | EDELBERG JR, JAY W     | 2.2 NAME                                              | MARK HORTON        |
| STREET ADDRESS             | 820 PRUDENTIAL DR #713 | 2.3 STREET ADDRESS                                    | SAME ADDRESS       |
| CITY-ST-ZIP                | JACKSONVILLE, FL 00000 | 2.4 CITY-ST-ZIP                                       |                    |
| TITLE                      | TD                     | 3.1 TITLE                                             | P/D                |
| NAME                       | STROMBERG, RICHARD     | 3.2 NAME                                              | STROMBERG, RICHARD |
| STREET ADDRESS             | 820 PRUDENTIAL DR #713 | 3.3 STREET ADDRESS                                    | SAME ADDRESS       |
| CITY-ST-ZIP                | JACKSONVILLE, FL 00000 | 3.4 CITY-ST-ZIP                                       |                    |
| TITLE                      | DS                     | 4.1 TITLE                                             | D                  |
| NAME                       | CHAPMAN, GREGORY       | 4.2 NAME                                              | GREGORY CHAPMAN    |
| STREET ADDRESS             | 820 PRUDENTIAL DR #713 | 4.3 STREET ADDRESS                                    | SAME ADDRESS       |
| CITY-ST-ZIP                | JACKSONVILLE, FL 00000 | 4.4 CITY-ST-ZIP                                       |                    |
| TITLE                      | D                      | 5.1 TITLE                                             | D                  |
| NAME                       | CASTELLON, CARLOS      | 5.2 NAME                                              | Rajnikant Patel    |
| STREET ADDRESS             | 820 PRUDENTIAL DR #713 | 5.3 STREET ADDRESS                                    | SAME ADDRESS       |
| CITY-ST-ZIP                | JACKSONVILLE FL        | 5.4 CITY-ST-ZIP                                       |                    |
| TITLE                      |                        | 6.1 TITLE                                             | D                  |
| NAME                       |                        | 6.2 NAME                                              | Jeffrey Shewton    |
| STREET ADDRESS             |                        | 6.3 STREET ADDRESS                                    | D                  |
| CITY-ST-ZIP                |                        | 6.4 CITY-ST-ZIP                                       | David T. Murray    |

14. 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 annual report or supplemental annual 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

*Richard M. Mortham*

CR2E034 (10/97)