2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 06, 2009
Secretary of State

DOCUMENT# 573104

Entity Name: EMERGENCY PHYSICIANS, INC.

Current Principal Place of Business:

820PRUDENTIAL DR.
SUITE 713
JACKSONVILLE, FL 32207

New Principal Place of Business:

820 PRUDENTIAL DR.
SUITE 713
JACKSONVILLE, FL 32207

Current Mailing Address:

820PRUDENTIAL DR.
SUITE 713
JACKSONVILLE, FL 32207

New Mailing Address:

820 PRUDENTIAL DR.
SUITE 713
JACKSONVILLE, FL 32207

FEI Number: 59-1835473 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SMITH HULSEY & BUSEY
225 WATER STREET, SUITE 1800
JACKSONVILLE, FL 32202 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

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title:	D	( ) Delete
Name:	MURRAY, DAVID M.D.	
Address:	820 PRUDENTIAL DR #713	
City-St-Zip:	JACKSONVILLE, FL 32207	
Title:	D	( ) Delete
Name:	HORTON, MARK M.D.	
Address:	820 PRUDENTIAL DR #713	
City-St-Zip:	JACKSONVILLE, FL 32207	
Title:	PD	( ) Delete
Name:	STROMBERG, RICHARD M.D.	
Address:	820 PRUDENTIAL DR #713	
City-St-Zip:	JACKSONVILLE, FL 32207	
Title:	SD	( ) Delete
Name:	CHAPMAN, GREGORY D.O.	
Address:	820 PRUDENTIAL DR #713	
City-St-Zip:	JACKSONVILLE, FL 32207	
Title:	D	( ) Delete
Name:	PATEL, RAJNIKANT	
Address:	820 PRUDENTIAL DR #713	
City-St-Zip:	JACKSONVILLE, FL 32207	
Title:	D	( ) Delete
Name:	SMOWTON, JEFFREY M.D.	
Address:	820 PRUDENTIAL DR #713	
City-St-Zip:	JACKSONVILLE, FL 32207	

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
Name:	
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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: RICHARD STROMBERG, MD PD 04/06/2009

Electronic Signature of Signing Officer or Director — Date