2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 29, 2003 8:00 am
Secretary of State
01-29-2003 90320 035 ***150.00

DOCUMENT # 573104

1. Entity Name
EMERGENCY PHYSICIANS, INC.

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

2. Principal Place of Business	3. Mailing Address
820 PRUDENTIAL DR.	820 PRUDENTIAL DR.
Suite, Apt. #, etc. SUITE 713	Suite, Apt. #, etc. SUITE 713
City & State JACKSONVILLE FL	City & State JACKSONVILLE FL
Zip / Country 32207 USA	Zip / Country 32207 USA

X CHECK HERE IF MAKING CHANGES

4. FEI Number 59-1835473 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City **FL** Zip Code

8. 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 reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2003 Fee will be $550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD GRIGG, J. CAROL 820 PRUDENTIAL DR #713 JACKSONVILLE FL 32207	X Delete	D CASTELLON, CARLOS 820 PRUDENTIAL DR. #713 JACKSONVILLE, FL 32207	☐ Change X Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D HORTON, MARK 820 PRUDENTIAL DR #713 JACKSONVILLE FL 32207	☐ Delete	D FORSBERG, EDWIN 820 PRUDENTIAL DR. #713 JACKSONVILLE, FL 32207	☐ Change X Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD STROMBERG, RICHARD 820 PRUDENTIAL DR #713 JACKSONVILLE FL 32207	☐ Delete	D MURRAY, DAVID 820 PRUDENTIAL DR. #713 JACKSONVILLE, FL 32207	☐ Change X Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	~~D~~ SD CHAPMAN, GREGORY 820 PRUDENTIAL DR #713 JACKSONVILLE FL 32207	☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D PATEL, RAJNIKANT 820 PRUDENTIAL DR #713 JACKSONVILLE FL 32207	☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D SNOWTON, JEFFREY 820 PRUDENTIAL DR #713 JACKSONVILLE FL 32207	☐ Delete		☐ Change ☐ Addition

CR2E034 (10/02)

12. 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 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 607, 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: Richard M. Stromberg RICHARD STROMBERG 1.06.02 904.396.5682
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR PRESIDENT Date Daytime Phone #