

FILED
Jun 13, 2002 8:00 am
Secretary of State

05-08-2002 90136 002 ***150.00

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F99000005215

1. Entity Name
EMERGENCY CARE SPECIALISTS OF TEXAS, P.A.

Principal Place of Business 1001 IVES DAIRY ROAD SUITE 206 NORTH MIAMI FL 33179	Mailing Address 1001 IVES DAIRY ROAD SUITE 206 NORTH MIAMI FL 33179
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
City & State	City & State
Zip Country	Zip Country

4. FEI Number **62-1743978** Applied For Not Applicable

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

6. Name and Address of Current Registered Agent

REGISTERED AGENTS OF FLORIDA, LLC
100 SE 2ND STREET
SUITE 3500
MIAMI FL 33131

7. Name and Address of New Registered Agent

Name ~~CT Corporation System~~
Street Address (P.O. Box Number is Not Acceptable)
~~1200 South Pine Island Road~~
City ~~Plantation~~ FL ~~33024~~

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.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

FILE NOW!!! FEE IS \$150.00
After May 1, 2002 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP SCHILLINGER, DAVID 1001 IVES DAIRY ROAD, SUITE 206 NORTH MIAMI FL 33179 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV SCHILLINGER, JEFFREY 1001 IVES DAIRY ROAD, SUITE 206 NORTH MIAMI FL 33179 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DST WEGNER, ANITA 1001 IVES DAIRY ROAD, SUITE 206 NORTH MIAMI FL 33179 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Anita Wegner ANITA WEGNER

Date 4-29-02

CR2E034 (9/01)



Attachment 35321
ECS HOLDINGS, INC.
1001 Ives Dairy Road, Suite 206
North Miami, FL 33179
(305) 944-9990 / (305) 947-9990 fax
(800) 222-2443

June 7, 2002

Division of Corporations
Florida Department of State
P.O. Box 1500
Tallahassee, Florida 32302-1500

Dear Sir or Madam:

Enclosed please find the following 2002 Uniform Business Reports which were returned to us due to the new registered agent not having accepted designation. We have determined at this time to continue the services of the current registered agents and, therefore, have deleted the change of registered agent information. Kindly process these forms as revised.

<u>CORPORATION</u>	<u>REF. NO.</u>
ECS In-Patient Services, Inc.	P01000086831
ECS ER Physician Management, Inc.	P01000052525
Emergency Care Specialists of Texas, P.A.	<u>F99000005215</u>
ECS of Louisiana, a Professional Medical Corporation.	F99000005214

Please advise us if there are any further issues concerning the filing of these reports. Thank you for your assistance and cooperation.

Sincerely,

Nancy K. Watkin

Nancy K. Watkin
Corporate Counsel

encl as stated