

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **S72758** (3)

1. Corporation Name  
**WEST VOLUSIA EMERGENCY PHYSICIANS, P.A.**



Principal Place of Business: **WEST VOLUSIA MEMORIAL HOSPITAL  
WEST PLYMOUTH STREET  
DELAND FL 32721**

Mailing Address: **807 HENSEL HILL WEST  
~~WEST PLYMOUTH STREET~~  
PORT ORANGE FL 32127  
US**

2. Principal Place of Business (21) State, Apt. #, etc. (22) City & State (23) Zip (24) Country (25)

2a. Mailing Address (26) State, Apt. #, etc. (27) City & State (28) Zip (29) Country (30)

3. Date Incorporated or Qualified: **08/02/1991**

3a. Date of Last Report: **04/14/1995**

4. FEI Number: **59-3082909**

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 has liability for intangible tax under s. 199.032, Florida Statutes:  Yes  No

9. Name and Address of Current Registered Agent  
**HUNT, OWEN R.  
WEST VOLUSIA MEMORIAL HOSPITAL  
WEST PLYMOUTH STREET  
DELAND FL 32721**

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 607.1506, 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: \_\_\_\_\_ DATE: \_\_\_\_\_

12. OFFICERS AND DIRECTORS

TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>HUNT, OWEN R.</b>	
STREET ADDRESS	<b>1603 LAKESIDE DR.</b>	
CITY-ST- ZIP	<b>DELAND FL</b>	
TITLE	<b>VD</b>	<input type="checkbox"/> DELETE
NAME	<b>KNIGHT, STEPHEN S.</b>	
STREET ADDRESS	<b>11 IROQUOIS TR</b>	
CITY-ST- ZIP	<b>ORMOND BEACH FL</b>	
TITLE	<b>PTD</b>	<input type="checkbox"/> DELETE
NAME	<b>SAWKO, WILLIAM M.</b>	
STREET ADDRESS	<b>807 HENSEL HILL WEST</b>	
CITY-ST- ZIP	<b>PORT ORANGE FL</b>	
TITLE	<b>SD</b>	<input type="checkbox"/> DELETE
NAME	<b>MARTON, PAUL C.</b>	
STREET ADDRESS	<b>1326 MCGREGOR RD.</b>	
CITY-ST- ZIP	<b>DELAND FL</b>	
TITLE	<b>D</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>FAVOUR, FEKRI</b>	
STREET ADDRESS	<b>2131 PALMETTO AVENUE</b>	
CITY-ST- ZIP	<b>SOUTH DAYTONA FL</b>	
TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>DUVA, CHARLES D</b>	
STREET ADDRESS	<b>40 CAPTAINS WALK</b>	
CITY-ST- ZIP	<b>PALM COAST FL 32737</b>	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY-ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	
24 CITY-ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY-ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY-ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY-ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 CITY-ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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.

SIGNATURE: *William M Sawko* **WILLIAM M SAWKO** 2-17-96 904.767.2196  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE DATE

CR2E034 (12/95)