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Feb 24 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
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
PORT ORANGE FL 32127-5834
US

3. Date Incorporated or Qualified 08/02/1991	3a. Date of Last Report 02/27/1996
4. FEI Number 59-3082909	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.
22. City & State	27. City & State
23. Zip Country	28. Zip Country
24. Zip	29. Zip
25. Country	30. Country

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 607.1508, 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 _____ DATE _____
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	Address change: 240 N. Kepler Rd DeLand FL 32724
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I do 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.

SIGNATURE: *William M. Sawko* William M. Sawko 2 1997 904 767 2196
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)