

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **S72758**

1. Entity Name

WEST VOLUSIA EMERGENCY PHYSICIANS, P.A.

FILED
Mar 15, 2000 8:00 am
Secretary of State

03-15-2000 90069 001 ***150.00

Principal Place of Business		Mailing Address	
WEST VOLUSIA MEMORIAL HOSPITAL WEST PLYMOUTH STREET DELAND FL 32721		807, HENSEL HILL WEST PORT ORANGE FL 32127-5834 US	



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
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. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
HUNT, OWEN R. WEST VOLUSIA MEMORIAL HOSPITAL WEST PLYMOUTH STREET DELAND FL 32721		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.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. <input type="checkbox"/>	FILE NOW!!! FEE IS \$150.00 After MAY 1, 2000 Fee will be \$550.00 Make Check Payable to Department of State	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
--	---	---	-----------------------------

11. OFFICERS AND DIRECTORS				12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE	D	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	HUNT, OWEN R.			NAME			
STREET ADDRESS	1603 LAKESIDE DR.			STREET ADDRESS			
CITY-ST-ZIP	DELAND FL			CITY-ST-ZIP			
TITLE	VD	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	KNIGHT, STEPHEN S.			NAME			
STREET ADDRESS	11 IROQUOIS TR			STREET ADDRESS			
CITY-ST-ZIP	ORMOND BEACH FL			CITY-ST-ZIP			
TITLE	PTD	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	SAWKO, WILLIAM M.			NAME			
STREET ADDRESS	807 HENSEL HILL WEST			STREET ADDRESS			
CITY-ST-ZIP	PORT ORANGE FL			CITY-ST-ZIP			
TITLE	SD	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	MARTON, PAUL C.			NAME			
STREET ADDRESS	240 N. KEPLER RD.			STREET ADDRESS			
CITY-ST-ZIP	DELAND FL			CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	DUVA, CHARLES D			NAME			
STREET ADDRESS	40 CAPTAINS WALK			STREET ADDRESS			
CITY-ST-ZIP	PALM COAST FL 32737			CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			

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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: William M Sawko **WILLIAM M SAWKO** **3-4-00** **904 760 7233**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #