

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # S72758**

1. Entity Name

WEST VOLUSIA EMERGENCY PHYSICIANS, P.A.**FILED**
Apr 02, 2001 8:00 am
Secretary of State

04-02-2001 90310 033 ***150.00

000761

Principal Place of Business

**WEST VOLUSIA MEMORIAL HOSPITAL
WEST PLYMOUTH STREET
DELAND FL 32721**

Mailing Address

**807 HENSEL HILL WEST
PORT ORANGE FL 32127
US**

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

Not Applicable

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

6. Name and Address of Current Registered Agent

**HUNT, OWEN R.
WEST VOLUSIA MEMORIAL HOSPITAL
WEST PLYMOUTH STREET
DELAND FL 32721**

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(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, 2001 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

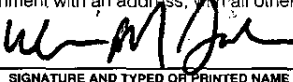
11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

13. 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, or in all other like empowered.

SIGNATURE:

**William M SAWKO**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-29-2001 904-760-7233

Date

Daytime Phone #

CR2E034 (10/00)