

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# S72758

FILED
Mar 17, 2004
Secretary of State

Entity Name: WEST VOLUSIA EMERGENCY PHYSICIANS, P.A.

Current Principal Place of Business:

WEST VOLUSIA MEMORIAL HOSPITAL
WEST PLYMOUTH STREET
DELAND, FL 32721

New Principal Place of Business:

FLORIDA HOSPITAL DELAND
701 WEST PLYMOUTH AVE
DELAND, FL 32721

Current Mailing Address:

807 HENSEL HILL WEST
PORT ORANGE, FL 32127 US

New Mailing Address:

FEI Number: 59-3082909 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SAWKO, WILLIAM M
2701 S. RIDGEWOOD AVE
SUITE 2
DAYTONA BEACH, FL 32119 US

Name and Address of New Registered Agent:

SAWKO, WILLIAM M
1530 CORNERSTONE BLVD
SUITE 200
DAYTONA BEACH, FL 32117 US

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: WILLIAM M SAWKO

03/17/2004

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: HUNT, OWEN R.,
Address: 1603 LAKESIDE DR.
City-St-Zip: DELAND, FL

Title: VD () Delete
Name: KNIGHT, STEPHEN S.,
Address: 11 IROQUOIS TR
City-St-Zip: ORMOND BEACH, FL

Title: PTD () Delete
Name: SAWKO, WILLIAM M.,
Address: 807 HENSAL HILL WEST
City-St-Zip: PORT ORANGE, FL

Title: SD () Delete
Name: MARTON, PAUL C.,
Address: 240 N. KEPLER RD.
City-St-Zip: DELAND, FL

Title: D () Delete
Name: DUVA, CHARLES D
Address: 345 S. ATLANTIC AVENUE
City-St-Zip: ORMOND BEACH, FL 32176

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: VD (X) Change () Addition
Name: HUNT, OWEN R.,
Address: 1603 LAKESIDE DR.
City-St-Zip: DELAND, FL

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: PD (X) Change () Addition
Name: SAWKO, WILLIAM M.,
Address: 807 HENSEL HILL WEST
City-St-Zip: PORT ORANGE, FL

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: VD (X) Change () Addition
Name: DUVA, CHARLES D
Address: 345 S. ATLANTIC AVENUE
City-St-Zip: ORMOND BEACH, FL 32176

Title: TD () Change (X) Addition
Name: WEINER, TRACY
Address: 1971 WATERFORD EST
City-St-Zip: NEW SMYRNA BEACH, FL 32168

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: WILLIAM M SAWKO

PD

03/17/2004

Electronic Signature of Signing Officer or Director

Date

GERARD NEWCOMER VD
1674 CHEERY BLOSSOM LN
HEATHROW, FL 32746

JOHN CANALIZO VD
9 DEERSKIN LANE
ORMOND BEACH, FL 32174