


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 24, 2005 08:00 AM
Secretary of State

DOCUMENT # S72758 1. Entity Name WEST VOLUSIA EMERGENCY PHYSICIANS, P.A.	
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Principal Place of Business FLORIDA HOSPITAL DELAND 701 WEST PLYMOUTH AVE DELAND, FL 32721	Mailing Address 807 HENSEL HILL WEST PORT ORANGE, FL 32127 US
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03212005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3082909	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent SAWKO, WILLIAM M 1530 CORNERSTONE BLVD SUITE 200 DAYTONA BEACH, FL 32117	DO NOT WRITE IN THIS SPACE
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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. I am familiar with, and accept the obligations of registered agent

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

FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD HUNT, OWEN R. 1603 LAKESIDE DR. DELAND, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD KNIGHT, STEPHEN S. 11 IROQUOIS TR ORMOND BEACH, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD SAWKO, WILLIAM M. 807 HENSEL HILL WEST PORT ORANGE, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD MARTON, PAUL C. 240 N. KEPLER RD. DELAND, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD DUVA, CHARLES D 345 S. ATLANTIC AVENUE ORMOND BEACH, FL 32176
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TD WEINER, TRACY 1971 WATERFORD EST NEW SMYRNA BEACH, FL 32168

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03/24/05-80022-005 150.00

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:  **3-21-2005 386 274 7804**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #