


**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 20, 2006 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # S72758</b> 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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03302006 No Chg-P CR2E034 (11/05)

**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
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**DO NOT WRITE  
IN THIS SPACE**

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 \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> 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

U00000520904  
05/02/06-80113-016 150.00

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 or without other like empowered.

SIGNATURE:  3-29-06  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #