

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 WEST VOLUSIA MEMORIAL HOSPITAL WEST PLYMOUTH STREET DELAND FL 32721	Mailing Address 807 HENSEL HILL WEST PORT ORANGE FL 32127-5834 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address		4. FEI Number 59-3082909	Applied For <input type="checkbox"/> Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
Zip	Country	Zip	Country		

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	
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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.

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

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <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
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11. OFFICERS AND DIRECTORS			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE D	HUNT, OWEN R. 1603 LAKESIDE DR. DELAND FL	<input type="checkbox"/> Delete	TITLE D		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE VD	KNIGHT, STEPHEN S. 11 IROQUOIS TR ORMOND BEACH FL	<input type="checkbox"/> Delete	TITLE VD		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE PTD	SAWKO, WILLIAM M. 807 HENSEL HILL WEST PORT ORANGE FL	<input type="checkbox"/> Delete	TITLE PTD		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE SD	MARTON, PAUL C. 240 N. KEPLER RD. DELAND FL	<input type="checkbox"/> Delete	TITLE SD		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE D	DUVA, CHARLES D 40 CAPTAINS WALK PALM COAST FL 32737	<input type="checkbox"/> Delete	TITLE D		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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 **3-4-00** **904 760 7233**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #