

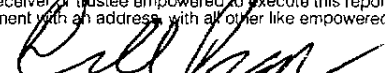


**FILED**  
**Mar 30, 2005 08:00 A**  
**Secretary of State**

<b>DOCUMENT # 582639</b>			
1. Entity Name WEST FLORIDA EMERGENCY MEDICINE, INC.			
Principal Place of Business 298 WEDGEWOOD LN CRESTVIEW, FL 32536		Mailing Address P.O. BOX 1239 CRESTVIEW, FL 32536	
<b>DO NOT WRITE IN THIS SPACE</b>			
		03012005    No Chg-P    CR2E034 (10/03)	
		4. FEI Number 59-1920210	
		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			
POWELL, GILLIS E JR. 422 N MAIN ST CRESTVIEW, FL 32536		<b>DO NOT WRITE IN THIS SPACE</b>	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>			
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2005 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		<div>U000000280827</div> <div>03/30/05-80036-003 150.00</div> <b>DO NOT WRITE IN THIS SPACE</b>	
TITLE	D		
NAME	PEADEN, JOHN W		
STREET ADDRESS	4040 GUINEVERE CT		
CITY - ST - ZIP	PENSACOLA, FL 325047		
TITLE	PD		
NAME	PEADEN, DURELL JR		
STREET ADDRESS	298 WEDGEWOOD LANE		
CITY - ST - ZIP	CRESTVIEW, FL 32536		
TITLE			
NAME			
STREET ADDRESS			
CITY - ST - ZIP			
TITLE			
NAME			
STREET ADDRESS			
CITY - ST - ZIP			
TITLE			
NAME			
STREET ADDRESS			
CITY - ST - ZIP			
12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered			
SIGNATURE: 		3/27/05    850-682-3418	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date    Daytime Phone #	