FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED
95 APR 26 AM 9:30
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 601937 (6)

1. Corporation Name

FLORIDA EMERGENCY PHYSICIANS KANG & ASSOCIATES, M.D., P.A.

Principal Place of Business	Mailing Address
801 ORIENTA AVE STE 220 SUITE 2600 ALTAMONTE SPRINGS FL 32701 US	801 ORIENTA AVE STE 220 SUITE 2600 ALTAMONTE SPRINGS FL 32701 US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 02/06/1970
3a. Date of Last Report: 04/18/1994

2. Principal Place of Business (21)
2a. Mailing Address (26)
Suite, Apt. #, etc. (22)
Suite, Apt. #, etc. (27)
City & State (23)
City & State (28)
Zip (24) Country (25)
Zip (29) Country (30)

4. FEI Number: 59-1281714 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

KANG, RODNEY C., M.D.
801 ORIENTA AVE.
SUITE 2600
ALTAMONTE SPRINGS FL 32701

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	S	1.1 TITLE	V	☒ Change ☐ Addition
NAME	GARDNER, BRENT F	1.2 NAME	Gardner, Brent F	
STREET ADDRESS	801 ORIENTA AVE., #2600	1.3 STREET ADDRESS	801 Orienta Ave.#2600	
CITY-ST-ZIP	ALTAMONTE SPRGS. FL	1.4 CITY-ST-ZIP	Altamonte Spgs, FL	
TITLE	T	2.1 TITLE	V	☒ Change ☐ Addition
NAME	TRACH, MARK L	2.2 NAME	Trach, Mark L	
STREET ADDRESS	801 ORIENTA AVE., #2600	2.3 STREET ADDRESS	801 Orienta Avenue	
CITY-ST-ZIP	ALTAMONTE SPRGS. FL	2.4 CITY-ST-ZIP	Altamonte Spgs., FL	
TITLE	VP	3.1 TITLE	No longer a director	☒ Change ☐ Addition
NAME	MCKEOWN, JOHN C	3.2 NAME	McKeown, John C	
STREET ADDRESS	801 ORIENTA AVE., #2600	3.3 STREET ADDRESS	801 Orienta Ave. #2600	
CITY-ST-ZIP	ALTAMONTE SPRGS. FL	3.4 CITY-ST-ZIP	Altamonte Springs, FL	
TITLE	VP	4.1 TITLE		☐ Change ☐ Addition
NAME	KRUGER, MARK S	4.2 NAME		
STREET ADDRESS	801 ORIENTA AVE., #2600	4.3 STREET ADDRESS		
CITY-ST-ZIP	ALTAMONTE SPRGS. FL	4.4 CITY-ST-ZIP		
TITLE	P	5.1 TITLE		☐ Change ☐ Addition
NAME	KANG, RODNEY C.	5.2 NAME		
STREET ADDRESS	801 ORIENTA AVE., #2600	5.3 STREET ADDRESS		
CITY-ST-ZIP	ALTAMONTE SPRGS. FL	5.4 CITY-ST-ZIP		
TITLE	VP	6.1 TITLE	S	☒ Change ☐ Addition
NAME	REYNOLDS, CHERYL	6.2 NAME	Reynolds, Cheryl	
STREET ADDRESS	801 ORIENTA AVE., #2600	6.3 STREET ADDRESS	801 Orienta Ave. #2600	
CITY-ST-ZIP	ALTAMONTE SPRGS. FL	6.4 CITY-ST-ZIP	Altamonte Spgs., FL	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Rodney C. Kang, M.D. Rodney C. Kang, M.D. 4/20/95 407-834-1229
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0950076 CF

L09737

Florida Emergency Physicians

801 ORIENTA AVENUE – SUITE 2600
ALTAMONTE SPRINGS, FLORIDA 32701-5624
PHONE (407) 834-1229 OR (407) 834-1239
FAX (407) 834-0339

RODNEY C. KANG, M.D., F.A.C.E.P.
MARK S. KRUGER, M.D., F.A.C.E.P.
YEONG SUN CHON, M.D.
ANGELA GARCIA, M.D., A.B.F.P.
BRENT F. GARDNER, M.D., F.A.C.E.P.
RICHARD A. KINDER, M.D.

JORGE LOPEZ, M.D., F.A.C.E.P.
WM. RANDALL POOLE, M.D., F.A.C.E.P.
CHERYL S. REYNOLDS, M.D.
SIVA SIVANESAN, M.D.
MARK L. TRACH, M.D., F.A.C.E.P.

ATTACHMENT

7.1	Title	V/P
7.2	Name	Poole, Wm. Randall
7.3	Street Address	801 Orienta Avenue
7.4	City-State-Zip	Altamonte Springs FL 32701
8.1	Title	V/P
8.2	Name	Garcia, Angela
8.3	Street Address	801 Orienta Avenue
8.4	City-State-Zip	Altamonte Springs FL 32701
9.1	Title	V/P
9.2	Name	Lopez, Jorge
9.3	Street Address	801 Orienta Avenue
9.4	City-State-Zip	Altamonte Springs FL 32701
10.1	Title	V/P
10.2	Name	Chon, Yeong
10.3	Street Address	801 Orienta Avenue
10.4	City-State-Zip	Altamonte Springs FL 32701
11.1	Title	V/P
11.2	Name	Sivanesan, Siva
11.3	Street Address	801 Orienta Avenue
11.4	City-State-Zip	Altamonte Springs FL 32701
12.1	Title	V/P
12.2	Name	Kinder, Richard
12.3	Street Address	801 Orienta Avenue
12.4	City-State-Zip	Altamonte Springs FL 32701

Please delete the following from the list of Officers and Directors.

3.1	Title	VP
3.2	Name	McKeown, John
3.3	Street Address	801 Orienta Avenue
3.4	City-ST-ZIP	Altamonte Springs, FL 32701