FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT **1996**

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

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

3. Date Incorporated or Qualified: **02/06/1970**

3a. Date of Last Report: **04/26/1995**

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

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)

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 ________

12. OFFICERS AND DIRECTORS

TITLE	V	☐ DELETE
NAME	GARDNER, BRENT F	
STREET ADDRESS	801 ORIENTA AVE., #2600	
CITY-ST-ZIP	ALTAMONTE SPRGS. FL	
TITLE	V	☐ DELETE
NAME	TRACH, MARK L	
STREET ADDRESS	801 ORIENTA AVE., #2600	
CITY-ST-ZIP	ALTAMONTE SPRGS. FL	
TITLE	VP	☐ DELETE
NAME	KRUGER, MARK S	
STREET ADDRESS	801 ORIENTA AVE., #2600	
CITY-ST-ZIP	ALTAMONTE SPRGS. FL	
TITLE	P	☐ DELETE
NAME	KANG, RODNEY C.	
STREET ADDRESS	801 ORIENTA AVE., #2600	
CITY-ST-ZIP	ALTAMONTE SPRGS. FL	
TITLE	S	☐ DELETE
NAME	REYNOLDS, CHERYL	
STREET ADDRESS	801 ORIENTA AVE., #2600	
CITY-ST-ZIP	ALTAMONTE SPRGS. FL	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE		☐ Change ☐ Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE		☐ Change ☐ Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		☐ Change ☐ Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		☐ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		☐ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		☐ Change ☐ Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

CR2E034 (12/95)

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)(k), 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
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — DATE — Daytime Phone #

Florida • Emergency • Physicians

801 ORIENTA AVENUE — SUITE 2600
ALTAMONTE SPRINGS, FLORIDA 32701-5624
PHONE (407) 834-1229 OR (407) 834-1039
FAX (407) 834-0338

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