Zip Code

**FILED** 

Feb 23, 1999 8:00 am

Secretary of State

02-23-1999 90073 022 \*\*\*150.00

## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # 601937

1. Corporation Name

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

M.D., P.A.											
Principal Place	of Business	Mailing Address			DO NOT WRITE IN THIS SPACE  3. Date Incorporated or Qualifed  02/06/1970						
1061 MAITLAND CNTR COMMONS MAITLAND FL 32751 US		1061 MAITLAND CNTR COMMONS MAITLAND FL 32751 US									
		30									
2. Principal Place of Business		2a. Mailing Address	2a. Mailing Address			4	I, FEI Number		Applied For		
21		26					59-1281714	ſ	Not Applicable		
Suite, Apt. #, etc.		Suite, Apt. #, etc.	Suite, Apt. #, etc.			5	i. Certifcate of Status Desired	\$8.75 Additional Fee Required			
City & State		City & State	City & State			6	i. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees			
Zip 24	Country	Zip	Country 30		8	This corporation owes the current year     Personal Property Tax.	ntangibl				
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent					<u> </u>		
KANG, RODNEY C., M.D. 1061 MAITLAND CNTR COMMONS MAITLAND FL 32751					Name Street Addre	ess (	P.O. Box Number is Not Acceptable)				

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.

City

-												
SIGNATURE Standburk, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)  DATE												
12.	OFFICERS AND DIRECTOR		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12									
TITLE	V	☐ DELETE	1,1 TITLE	P	☐ Change	Addition						
NAME	GARDNER, BRENT F		1.2 NAME	Jorge Lopez-Ferr	er							
STREET ADDRESS	1061 MAITLAND CENTER COMMONS		13 STREET ADDRESS	1061 Maitland Cn	tr Commons							
CITY-ST-ZIP	MAITLAND FL 32751		1.4 CITY-ST-ZIP	Maitland, FL 32	751							
TITLE	V	☐ DELETE	2.1 TITLE	C	Change	[X] Addition						
NAME	TRACH, MARK L		2.2 NAME	Jon E. Lamos								
STREET ADDRESS	1061 MAITLAND CENTER COMMONS		2.3 STREET ADDRESS	1061 Maitland Cn	tr Commons							
CITY-ST-ZIP	MAITLAND FL 32751		2, 4 CITY-ST-ZIP	Maitland, FL 32	<u>751 - ~</u>							
TITLE	VP	☐ DELETE	3.1 TITLE	V .	🔀 Change	☐ Addition						
NAME	KRUGER, MARK S		32 NAME	Kruger, Mark S.								
STREET ADDRESS	1061 MAITLAND CNTR COMMONS		3.3 STREET ADDRESS									
CITY-ST-ZIP	MAITLAND FL 32751		3.4. CITY-ST-ZIP									
TITLE	P	☐ DELETE	4.1 TITLE	V	[X] Change	☐ Addition						
NAME	KANG, RODNEY C.		4. 2 NAME	Kang, Rodney C.								
STREET ADDRESS	1061 MAITLAND CNTR COMMONS		4.3 STREET ADDRESS									
CITY-ST-ZIP	MAITLAND FL 32751		4.4 CITY-ST-ZIP									
TITLE	S	□ DELETE	5.1 TITLE		☐ Change	Addition Addition						
NAME	REYNOLDS, CHERYL		5,2 NAME									
STREET ADDRESS	1061 MAITLAND CNTR COMMONS		5.3 STREET ADDRESS									
CITY-ST-ZIP	MAITLAND FL 32751		5.4 CITY-ST-ZIP									
TITLE		☐ DELETE	6.1 TITLE		Change	Addition						
NAME			6.2 NAME									
STREET ADDRESS			6.3 STREET ADDRESS									
CITY-ST-ZIP			6.4 CITY-ST-ZIP		<del></del>							

14. 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 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 with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR POINTED NAME OF SIGNING OFFICER OR DIRECTOR

Jorge Lopez-Ferrer 1914/99