

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 30, 2004 8:00 am**  
**Secretary of State**

04-30-2004 90383 045 \*\*\*150.00

|                                                                                         |                                                                                   |
|-----------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------|
| <b>DOCUMENT # 601937</b>                                                                |  |
| 1. Entity Name<br><b>FLORIDA EMERGENCY PHYSICIANS KANG &amp; ASSOCIATES, M.D., P.A.</b> |                                                                                   |

|                                                                                                  |                                                                             |
|--------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------|
| Principal Place of Business<br><b>1051 WINDERLEY PLACE<br/>STE 103<br/>MAITLAND, FL 32751 US</b> | Mailing Address<br><b>9229 LBJ FRWY<br/>STE 250<br/>DALLAS, TX 75243 US</b> |
|--------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------|

|                                |         |                     |         |
|--------------------------------|---------|---------------------|---------|
| 2. Principal Place of Business |         | 3. Mailing Address  |         |
| Suite, Apt. #, etc.            |         | Suite, Apt. #, etc. |         |
| City & State                   |         | City & State        |         |
| Zip                            | Country | Zip                 | Country |



04292004 Chg-P CR2E034 (10/03)

|                                                           |  |                                                        |
|-----------------------------------------------------------|--|--------------------------------------------------------|
| 4. FEI Number<br><b>59-1281714</b>                        |  | Applied For<br><input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> |  | <b>\$8.75</b> Additional Fee Required                  |

|                                                                                                                                          |  |                                                                                                                                         |  |
|------------------------------------------------------------------------------------------------------------------------------------------|--|-----------------------------------------------------------------------------------------------------------------------------------------|--|
| 6. Name and Address of Current Registered Agent<br><b>LOPEZ-FERRER, JORGE MD<br/>1051 WINDERLEY PLACE STE 103<br/>MAITLAND, FL 32751</b> |  | 7. Name and Address of New Registered Agent<br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City<br><b>FL</b> Zip Code |  |
|------------------------------------------------------------------------------------------------------------------------------------------|--|-----------------------------------------------------------------------------------------------------------------------------------------|--|

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

|                                                                               |                                                                                                                        |
|-------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------|
| <b>FILE NOW!!! FEE IS \$150.00<br/>After May 1, 2004 Fee will be \$550.00</b> | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees |
|-------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------|

|                                                |                                                                                                             |                                                       |                                                                                                                                                                |
|------------------------------------------------|-------------------------------------------------------------------------------------------------------------|-------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 10. OFFICERS AND DIRECTORS                     |                                                                                                             | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 |                                                                                                                                                                |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | V<br>GARDNER, BRENT F<br>1051 WINDERLEY PL STE 103<br>MAITLAND, FL 32751 <input type="checkbox"/> Delete    | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | C<br>FRIESTAD, WAYNE<br>1051 WINDERLEY PLACE, STE 103<br>MAITLAND FL 32751 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition        |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | V<br>POOLE, WILLIAM R<br>500 SWEETWATER PLACE<br>LONGWOOD, FL 32779 <input type="checkbox"/> Delete         | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | T<br>SIVAPRAGASAH SIVANESAN<br>1051 WINDERLEY PLACE, STE 103<br>MAITLAND FL 32751 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | V<br>KRUGER, MARK S<br>1051 WINDERLEY PL STE 103<br>MAITLAND, FL 32751 <input type="checkbox"/> Delete      | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | V<br>POOLE, WILLIAM R<br>1051 WINDERLEY PLACE, STE 103<br>MAITLAND, FL 32751 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition      |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | V<br>KANG, RODNEY C.<br>1051 WINDERLEY PL<br>MAITLAND, FL 32751 <input type="checkbox"/> Delete             | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | V<br>ACEVEDO, MIGUEL<br>1051 WINDERLEY PLACE, STE 103<br>MAITLAND, FL 32751 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition       |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | S<br>REYNOLDS, CHERYL<br>1051 WINDERLEY PL STE 103<br>MAITLAND, FL 32751 <input type="checkbox"/> Delete    | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | V<br>FRIEDMAN, VIDOR<br>1051 WINDERLEY PLACE STE 103<br>MAITLAND, FL 32751 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition        |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | P<br>LOPEZ-FERRER, JORGE<br>1051 WINDERLEY PL STE 103<br>MAITLAND, FL 32751 <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | V<br>CHAN, KAHANG<br>1051 WINDERLEY PLACE STE 103<br>MAITLAND, FL 32751 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition           |

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: *Kahang Chan* 4/29/04 407-875-0555  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

~~Attachment~~  
~~44040696~~  
#601937

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT #601937

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10.

V

RODRIGUEZ, MARITZA  
1051 WINDERLEY PLACE, STE 103  
MAITLAND, FL 32751

V

SCHWARTZ, REGAN  
1051 WINDERLEY PLACE, STE 103  
MAITLAND, FL 32751

V

BOWLS, BRADFORD  
1051 WINDERLEY PLACE, STE 103  
MAITLAND, FL 32751

V

BIRENBAUM, DALE  
1051 WINDERLEY PLACE, STE 103  
MAITLAND, FL 32751

V

PAGE, ERNEST  
1051 WINDERLEY PLACE, STE 103  
MAITLAND, FL 32751

V

CISNEROS, LEONARDO  
1051 WINDERLEY PLACE, STE 103  
MAITLAND, FL 32751

V

FRIEND, VICKI  
1051 WINDERLEY PLACE, STE 103  
MAITLAND, FL 32751

V

GOLDMAN, DAVID  
1051 WINDERLEY PLACE, STE 103  
MAITLAND, FL 32751