

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # 602407

1. Entity Name
SOUTH FLORIDA EMERGENCY PHYSICIANS, INC.



Principal Place of Business
**8900 N KENDALL DR
SUITE 212
MIAMI, FL 33156 US**

Mailing Address
**7700 N. KENDALL DRIVE
SUITE 415
MIAMI, FL 33156 US**

**FILED
Apr 15, 2005 08:00 AM
Secretary of State**



01062005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-1303230	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

**LEITMAN, LORN
7700 N KENDALL DR
SUITE 405
MIAMI, FL 33156**

**DO NOT WRITE
IN THIS SPACE**

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 _____

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution, ☐ **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD NATEMAN, HARRY 9700 CALUSA CLUB, E. MIAMI, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LEITMAN, LORN 7700 N KENDALL DR #405 MIAMI, FL 33156
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04/15/05-80089-011 150.00

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IN THIS SPACE**

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(b), 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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Lorn Leitman Director 4/13/05 310-278-8823