

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 18, 2006 8:00 am**  
**Secretary of State**

04-18-2006 90066 013 \*\*\*150.00

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02222006 Chg-P CR2E034 (11/05)

<b>DOCUMENT # G17369</b> 1. Entity Name <b>EMERGENCY MEDICINE SPECIALISTS OF SOUTH FLORIDA, P.A.</b>					
Principal Place of Business <b>1100 N.W. 95TH ST. MIAMI, FL 33150</b>			Mailing Address <b>3900 HOLLYWOOD BLVD SUITE 101 HOLLYWOOD, FL 33021</b>		
2. Principal Place of Business  Suite, Apt. #, etc.		3. Mailing Address <b>1100 N.W. 95th Street</b>  Suite, Apt. #, etc.		4. FEI Number <b>59-2256221</b>  Applied For <input type="checkbox"/> Not Applicable	
City & State		City & State <b>Miami, FL</b>			
Zip <b>33150</b>		Country <b>33150</b>			
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>				6. Name and Address of Current Registered Agent  <b>SANCHEZ, D.O. CARLOS 1100 NW 95 ST EMERGENCY DEPT. MIAMI, FL 33150</b>	
7. Name and Address of New Registered Agent  Name  Street Address (P.O. Box Number is Not Acceptable)  City <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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00</b>			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DT PORTER, JAMES W 1100 NW 95TH ST MIAMI, FL 33150 <input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	S Sanchez, Carlos A. 1100 N.W. 95th Street Miami, FL 33150 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DP SANCHEZ, CARLOS A 1100 NW 95TH ST MIAMI, FL 33150 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DS CHITTY, KAREN B 1100 NW 95TH ST MIAMI, FL 33150 <input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V KOHL, SCOTT M 1100 NW 95TH ST MIAMI, FL 33150 <input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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.					
<b>SIGNATURE:</b> <u>Carlos A. Sanchez</u> 02-24-06 <b>305-466-2304</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					



40052188

April 10, 2006

Florida Secretary of State  
Corporate Filing Division  
P.O. Box 6327  
Tallahassee, FL 32314


Re: Emergency Medicine Specialists of South Florida, P/A. (G17369)

Dear Ms. Secretary:

We are enclosing the *2005 For Profit Corporation Annual Reports* for the above-named entity along with a check in the amount of \$150.00 in payment of the filing fee.

Do not hesitate to contact me if you need any additional information or there are any questions regarding the enclosed. Thank you for your prompt attention to this matter.

Yours very truly,  
PHOENIX PHYSICIANS, LLC



Joann W. Anderson  
Paralegal

Enclosures