2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# G17369

Entity Name: EMERGENCY MEDICINE SPECIALISTS OF SOUTH FLORIDA, P.A.

Current Principal Place of Business:	**New Principal Place of Business:**
1100 N.W. 95TH ST. MIAMI, FL 33150	

Current Mailing Address:	**New Mailing Address:**
1100 N.W. 95TH ST. MIAMI, FL 33150	

FEI Number: 59-2256221   FEI Number Applied For ( )   FEI Number Not Applicable ( )   Certificate of Status Desired ( )

Name and Address of Current Registered Agent:	**Name and Address of New Registered Agent:**
SANCHEZ, D.O. CARLOS 1100 NW 95 ST EMERGENCY DEPT. MIAMI, FL 33150 US	

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.

SIGNATURE: _____

Electronic Signature of Registered Agent   Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:	**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**
Title: S ( ) Delete Name: SANCHEZ, CARLOS A Address: 1100 NW 95TH ST City-St-Zip: MIAMI, FL 33150	Title: DR (X) Change ( ) Addition Name: SANCHEZ, CARLOS A Address: 1100 NW 95TH ST City-St-Zip: MIAMI, FL 33150
Title: DP ( ) Delete Name: SANCHEZ, CARLOS A Address: 1100 NW 95TH ST City-St-Zip: MIAMI, FL 33150	Title: DO (X) Change ( ) Addition Name: SANCHEZ, CARLOS A Address: 1100 NW 95TH ST City-St-Zip: MIAMI, FL 33150

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CARLOS A SANCHEZ, DO   DR   02/25/2007

Electronic Signature of Signing Officer or Director   Date