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Apr 22, 1999 8:00 am
Secretary of State

04-22-1999 90180 012 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # H71659

1. Corporation Name

BAY EMERGENCY PHYSICIAN SPECIALISTS, INC.



Principal Place of Business % FREDERICK B. EPSTEIN STE 202A CALLAWAY FL 32404 US	Mailing Address 1699 S GAY AVE 202-A CALLAWAY FL 32404 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 2101 West Highway 390 Suite, Apt. #, etc. 22 924 City & State 23 Lynn Haven, FL Zip 24 32444		2a. Mailing Address 26 2101 West Highway 390 Suite, Apt. #, etc. 27 924 City & State 28 Lynn Haven, FL Zip 29 32444		3. Date Incorporated or Qualified 08/15/1985	
				4. FEI Number 59-2606331	
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
				6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
				8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent EPSTEIN, FREDERICK B. 1699 SO. GAY AVE. SUITE 202 CALLAWAY FL 32404		10. Name and Address of New Registered Agent 81 Name Frederick B. Epstein 82 Street Address (P.O. Box Number is Not Acceptable) 2101 West Highway 390 83 Apt. 924 84 City Lynn Haven FL 85 Zip Code 32444	
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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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	PD
NAME	EPSTEIN, FREDERICK B.	1.2 NAME	Epstein, Frederick B.
STREET ADDRESS	1699 SO. GAY AVE #202	1.3 STREET ADDRESS	2101 West Highway 390, #924
CITY-ST-ZIP	PANAMA CITY FL	1.4 CITY-ST-ZIP	Lynn Haven, FL 32444
TITLE		2.1 TITLE	Officer
NAME		2.2 NAME	Jeffrey P. Appel
STREET ADDRESS		2.3 STREET ADDRESS	700 Missouri Ave.
CITY-ST-ZIP		2.4 CITY-ST-ZIP	Lynn Haven, FL 32444
TITLE		3.1 TITLE	Kevin J. Morrissey (officer)
NAME		3.2 NAME	P0 Box 18889
STREET ADDRESS		3.3 STREET ADDRESS	Panama City, FL 32417
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	Officer
NAME		4.2 NAME	David E. Heape
STREET ADDRESS		4.3 STREET ADDRESS	3213 Bob Jones Drive
CITY-ST-ZIP		4.4 CITY-ST-ZIP	Lynn Haven, FL 32444
TITLE		5.1 TITLE	Christopher E. Geertz, (officer)
NAME		5.2 NAME	300 Windward Cove W
STREET ADDRESS		5.3 STREET ADDRESS	Niceville, FL 32578
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	Officer	6.1 TITLE	George G. Tracy (officer)
NAME	Timothy P. Nichols	6.2 NAME	275 Hugh Thomas Drive
STREET ADDRESS	3717 Mariner Drive	6.3 STREET ADDRESS	Panama City, FL 32404
CITY-ST-ZIP	Panama City Beach, FL 32408	6.4 CITY-ST-ZIP	

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 PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-20-99 850-747-6593