

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # H71659

1. Entity Name

BAY EMERGENCY PHYSICIAN SPECIALISTS, INC.

FILED
Apr 24, 2000 8:00 am
Secretary of State

04-24-2000 90129 037 ***150.00

Principal Place of Business

Mailing Address

2101 W. HWY 390
#924
LYNN HAVEN FL 32444
US

2101 W. HWY 390
#924
LYNN HAVEN FL 32444-6509
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2606331

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

EPSTEIN, FREDERICK B.
2101 W. HWY 390
APT. 924
LYNN HAVEN FL 32444

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so. ☐
(See criteria on back)

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD ☐ Delete
NAME EPSTEIN, FREDERICK B.
STREET ADDRESS 2101 W. HWY 390
CITY-ST-ZIP LYNN HAVEN FL 32444

TITLE ☒ Change ☐ Addition
NAME 2101 W. Hwy 390, #924
STREET ADDRESS
CITY-ST-ZIP

TITLE O ☐ Delete
NAME APPEL, JEFFREY P
STREET ADDRESS 700 MISSOURI AVE
CITY-ST-ZIP LYNN HAVEN FL 32444

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE O ☐ Delete
NAME NORRISEY, KEVIN J
STREET ADDRESS P O BOX 18889
CITY-ST-ZIP PANAMA CITY FL 32417

TITLE ☒ Change ☐ Addition
NAME Morrissey, Kevin J.
STREET ADDRESS
CITY-ST-ZIP

TITLE O ☐ Delete
NAME HEAPE, DAVID E
STREET ADDRESS 3213 BOB JONES DR
CITY-ST-ZIP LYNN HAVEN FL 32444

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE O ☐ Delete
NAME GEERTZ, CHRISTOPHER E
STREET ADDRESS 300 WINDWARD COVE W.
CITY-ST-ZIP NICEVILLE FL 32444

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP Niceville, FL 32578

TITLE O ☐ Delete
NAME TRACY, GEORGE G
STREET ADDRESS 275 HUGH THOMAS DR
CITY-ST-ZIP PANAMA CITY FL

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP Panama City, FL 32404

13. 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 11 or Block 12 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

Frederick B. Epstein

Date

Daytime Phone #

CR2E034 (9/99)