

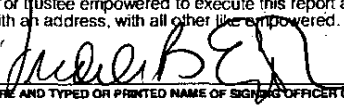


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 29, 2004 8:00 am
Secretary of State

01-29-2004 90083 035 ***150.00

DOCUMENT # H71659 1. Entity Name BAY EMERGENCY PHYSICIAN SPECIALISTS, INC.					
Principal Place of Business 2101 W. HWY 390 #924 LYNN HAVEN, FL 32444 US			Mailing Address 2101 W. HWY 390 #924 LYNN HAVEN, FL 32444 US		
2. Principal Place of Business 1326 Country Club Dr. Suite, Apt. #, etc.		3. Mailing Address 1326 Country Club Dr. Suite, Apt. #, etc.			
City & State Lynn Haven, FL		City & State Lynn Haven, FL		4. FEI Number 59-2606331	
Zip 32444		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent EPSTEIN, FREDERICK B. 2101 W. HWY 390 APT. 924 LYNN HAVEN, FL 32444				7. Name and Address of New Registered Agent Name Epstein, Frederick B. Street Address (P.O. Box Number is Not Acceptable) 1326 Country Club Dr. City Lynn Haven FL Zip Code 32444	
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD EPSTEIN, FREDERICK B. 2101 WEST HWY. 390 #924 LYNN HAVEN, FL 32444	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Epstein, Frederick B. 1326 Country Club Dr. Lynn Haven, FL 32444	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	O APPEL, JEFFREY P 700 MISSOURI AVE LYNN HAVEN, FL 32444	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	O Whiter, Michael 1306 Paddock Club Dr. Panama City Beach, FL 32407	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	O NICHOLS, TIMOTHY P 3717 MARINER DR PANAMA CITY BEACH, FL 32408	<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	O HEAPE, DAVID E 3213 BOB JONES DR LYNN HAVEN, FL 32444	<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	O GEERTZ, CHRISTOPHER E 7609 LAIRD STREET PANAMA CITY, FL 32408	<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	O TRACY, GEORGE G 275 HUGH THOMAS DR PANAMA CITY, FL 32404	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Tracy, George G. 2401 Stanford Rd. Apt 224 Panama City, FL 32405	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. 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 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: Jan 22 '04 Daytime Phone #: 850-747-6046					