

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 03, 2003 8:00 am
Secretary of State

03-03-2003 90418 016 ***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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-2606331**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

☐ CHECK HERE IF MAKING CHANGES

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD ☐ Delete
NAME EPSTEIN, FREDERICK B.
STREET ADDRESS 2101 WEST HWY. 390 #924
CITY-ST-ZIP LYNN HAVEN FL 32444

TITLE 0 ☐ Change ☐ Addition
NAME Curtis, Rachell
STREET ADDRESS 7609 Laird Street
CITY-ST-ZIP Panama City Beach, FL 32408

TITLE 0 ☐ Delete
NAME APPEL, JEFFREY P
STREET ADDRESS 700 MISSOURI AVE
CITY-ST-ZIP LYNN HAVEN FL 32444

TITLE 0 ☐ Change ☐ Addition
NAME Vu, Huan
STREET ADDRESS 7509 Yellow Bluff Road
CITY-ST-ZIP Callaway, FL 32404

TITLE 0 ☐ Delete
NAME NICHOLS, TIMOTHY P
STREET ADDRESS 3717 MARINER DR
CITY-ST-ZIP PANAMA CITY BEACH FL 32408

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

TITLE 0 ☐ 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 0 ☐ Delete
NAME GEERTZ, CHRISTOPHER E
STREET ADDRESS 7609 LAIRD STREET
CITY-ST-ZIP PANAMA CITY FL 32408

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

TITLE 0 ☐ Delete
NAME TRACY, GEORGE G
STREET ADDRESS 275 HUGH THOMAS DR
CITY-ST-ZIP PANAMA CITY FL 32404

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

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 another like empowered.

SIGNATURE:

SIGNATURE

2/28/03

850-747-6593

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)