

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 27, 2002 8:00 am
Secretary of State

02-27-2002 90073 018 ***150.00

DOCUMENT # K28850

1. Entity Name
GULF COAST EMERGENCY PHYSICIANS, P.A.

Principal Place of Business

**1949 GROVE ST
 FT. MYERS FL 33901**

Mailing Address

**1949 GROVE ST
 FT. MYERS FL 33901**

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

65-0075127

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

**OAKS, DAVID K
 252 W. MARION AVE.
 PUNTA GORDA FL 33950**

7. Name and Address of New Registered Agent

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, 2002 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

TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	GRUNING, ALAN	
STREET ADDRESS	1949 GROVE AVE.	
CITY-ST-ZIP	FT MYERS FL 33901	
TITLE	D	<input type="checkbox"/> Delete
NAME	BILLINGTON, DERRELL	
STREET ADDRESS	1949 GROVE AVE	
CITY-ST-ZIP	FT MYERS FL 33901	
TITLE	D	<input type="checkbox"/> Delete
NAME	WILLIAMS, SAMUEL	
STREET ADDRESS	1949 GROVE AVE.	
CITY-ST-ZIP	FT. MYERS FL 33901	
TITLE	D	<input type="checkbox"/> Delete
NAME	MOZZETTI, MICHAEL	
STREET ADDRESS	1949 GROVE AVE	
CITY-ST-ZIP	FT MEYERS FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	JAMES, RAYMOND	
STREET ADDRESS	1949 GROVE AVE	
CITY-ST-ZIP	FT MYERS FL 33901	
TITLE	D	<input type="checkbox"/> Delete
NAME	JUANITA JAVIER RAISTIMUNO	
STREET ADDRESS	1949 GROVE AVE	
CITY-ST-ZIP	FT MYERS, FL 33901	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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:

SAMUEL WILLIAMS, P.A.
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
CEP President

1/16/02
 Date

941 743 8893
 Daytime Phone #

CR2E034 (9/01)