

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 25, 2002 8:00 am**  
**Secretary of State**

04-25-2002 90007 040 \*\*\*\*50.00

DOCUMENT # L01000007924

1. Entity Name

EMERGENCY PHYSICIANS OF NAPLES, P.L.

Principal Place of Business

2240 SOUTHWINDS DRIVE  
NAPLES FL 34120

Mailing Address

2240 SOUTHWINDS DRIVE  
NAPLES FL 34120

2. Principal Place of Business

1112 Goodlette Road

Suite, Apt. #, etc.

Suite 204

City & State

Naples, FL

Zip

34102

Country

USA

3. Mailing Address

1112 Goodlette Road

Suite, Apt. #, etc.

Suite 204

City & State

Naples, FL

Zip

34102

Country

USA

4. FEI Number

59-3719767

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

6. Name and Address of Current Registered Agent

TOBER, ROBERT BOYD M.D.  
2240 SOUTHWINDS DRIVE  
NAPLES FL 34120

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

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Department of State**  
**Due By May 1, 2002**

9. MANAGING MEMBERS/MANAGERS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
MGR	TOBER, ROBERT BOYD MD	2240 SOUTHWINDS DRIVE	NAPLES FL 34120	<input type="checkbox"/>
MGR	WALTERS, CAROLYN MD	2240 SOUTHWINDS DRIVE	NAPLES FL 34120	<input type="checkbox"/>
MGR	WEST, STEVE MD	2240 SOUTHWINDS DRIVE	NAPLES FL 34120	<input type="checkbox"/>
MGR	MEDINA, TYRONE J MD	2240 SOUTHWINDS DRIVE	NAPLES FL 34120	<input type="checkbox"/>
MGR	SPONAUGLE, JACK DO	2240 SOUTHWINDS DRIVE	NAPLES FL 34120	<input type="checkbox"/>
				<input type="checkbox"/>

10. ADDITIONS/CHANGES

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
		1112 Goodlette Road Suite 204	Naples, FL 34102	<input type="checkbox"/>	<input type="checkbox"/>
		1112 Goodlette Road Suite 204	Naples, FL 34102	<input checked="" type="checkbox"/>	<input type="checkbox"/>
		1112 Goodlette Road Suite 204	Naples, FL 34102	<input checked="" type="checkbox"/>	<input type="checkbox"/>
		1112 Goodlette Road Suite 204	Naples, FL 34102	<input checked="" type="checkbox"/>	<input type="checkbox"/>
		1112 Goodlette Road Suite 204	Naples, FL 34102	<input checked="" type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: *Karen Cannizzaro*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date: 4-12-02  
Daytime Phone #: 239-262-4519

CR2E083 (9/01)