2002 UNIFORM BUSINESS REPORT (UBR)

2002 UNIFORM BUSINESS REPORT (UBR)					FILED			
DOCUMENT # L0100007924 EMERGENCY PHYSICIANS OF NAPLES, P.L.					Apr 25, 2002 8:00 am Secretary of State 04-25-2002 90007 040 ****50.00			
EIVIENG	ENCT PHYSICIANS OF NAPI	LEO, F.L.						
Principal Plac	e of Business	Mailing Address		· · · ·				
2240 SOUTHWINDS DRIVE NAPLES FL 34120		2240 SOUTHWINDS DRIVE NAPLES FL 34120			949911			
					INCHAN ON OCCUPANT OUCH		18 11851 BIGL (88C	
Principal Place of Business 3. Mailing Address								
1112 Goodlette Road Suite, Apt. #, etc.		1112 Goodlette Road Suite Apt. #, etc.		<u> </u>				
• •		' ' '			DO NOT WRITE IN THIS SPACE			
Suite 204 City & State		Suite 204 City & State		4. FEI1	Number		Applied For	
Naples, FL		Naples, FL		59-	-3719767		Not Applicable	
Zip	Country	Zip	Country	5. Certi	ficate of Status Desired	□ \$5.00 <i>i</i>		
34102	USA 6. Name and Address of Current	34102 Registered Agent	USA	7 Nam	e and Address of New Re	Fee Requ	ired	
	- Talle and Tall		Name		e and Address of New Ne	gistered Agent		
TOBER, ROBERT BOYD M.D. 2240 SOUTHWINDS DRIVE			Street	Street Address (P.O. Box Number is Not Acceptable)				
NAI	PLES FL 34120		City			FL Zip Co	ode	
FL ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' '								
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				rtment of State			ĺ	
9,	MANAGING MEMBE		10.		ADDITIONS/C	STANIOES		
TITLE	MGR	Delete	TITLE		ADDITIONS/C	Change	e	
NAME	TOBER, ROBERT BOYD MD	L Delete	NAME			Onang.	, Addition	
STREET ADDRESS	2240 SOUTHWINDS DRIVE		STREET ADDRESS		dlette Road	Suite 20	4	
CITY-ST-ZIP	NAPLES FL 34120		CITY-ST-ZIP	Naples,	FL 34102			
TITLE	MGR	☐ Delete	TITLE			🔀 Change	e ☐ Addition 6	
NAME Street address	WALTERS, CAROLYN MD		NAME STREET ADDRESS	1112 God	odlette Road	Suite 20	<u> </u>	
CITY-ST-ZIP	2240 SOUTHWINDS DRIVE NAPLES FL 34120		CITY-ST-ZIP	Naples,		Suice 20	²	
TITLE	MGR	Delete	TITLE	napico,	22 31702		Addition	
NAME	WEST, STEVE MD		NAME			•		
STREET ADDRESS CITY-ST-ZIP	2240 SOUTHWINDS DRIVE		STREET ADDRESS CITY-ST-ZIP	Naples,	odlette Road FL 34102	Suite 20	4	
TITLE	NAPLES FL 34120 MGR	□ Delete	TITLE	Napies,	FB 34102	Change	e 🔯 Addition	
NAME	MEDINA, TYRONE J MD	· Delete	NAME		•	(A) Criange	, Modition	
STREET ADDRESS	2240 SOUTHWINDS DRIVE		STREET ADDRESS	1112 God	dlette Road	Suite 20	4	
CITY-ST-ZIP	NAPLES FL 34120		CITY-ST-ZIP		FL 34102	· · · · · · · · · · · · · · · · · · ·		
TITLE	MGR	☐ Delete	TITLE			🔀 Change	Addition	
NAME STREET ADDRESS	SPONAUGLE, JACK DO 2240 SOUTHWINDS DRIVE		NAME STREET ADDRESS	1112 600	dlette Road	Suite 20	<u> </u>	
CITY-ST-ZIP	NAPLES FL 34120		CITY-ST-ZIP		FL 34102	Durce 20	*	
TITLE	THE STATE OF STREET	☐ Delete	TITLE			☐ Change	Addition	
NAME			NAME					
STREET ADDRESS CITY-ST-ZIP			STREET ADORESS CITY+ST-ZIP					
	ertify that the information supplied with	this filing does not qualify for t		ated in Section 119 (17(3)(i) Florida Statutes I fi	urther certify that the	information	

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 informatio 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.

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