

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 14, 2003 8:00 am
Secretary of State

04-14-2003 90744 014 *****50.00

DOCUMENT # L01000007924

1. Entity Name

EMERGENCY PHYSICIANS OF NAPLES, P.L.



Principal Place of Business

**1112 GOODLETTE RD
STE 204
NAPLES FL 34102**

Mailing Address

**1112 GOODLETTE RD
STE 204
NAPLES FL 34102**

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 **59-3719767**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$5.00 Additional
Fee Required**

☐ CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

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 \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2003**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE **MGR** ☐ Delete
NAME **TOBER, ROBERT BOYD MD**
STREET ADDRESS **1112 GOODLETTE ROAD STE 204**
CITY-ST-ZIP **NAPLES FL 34120 34102**

TITLE **MGR** ☐ Change ☒ Addition
NAME **Krems, Gerhard M.D.**
STREET ADDRESS **1112 Goodlette Rd Suite 204**
CITY-ST-ZIP **Naples FL 34102**

TITLE **MGR** ☐ Delete
NAME **WALTERS, CAROLYN MD**
STREET ADDRESS **1112 GOODLETTE RD STE 204**
CITY-ST-ZIP **NAPLES FL 34120 34102**

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

TITLE **MGR** ☒ Delete
NAME **WEST, STEVE MD**
STREET ADDRESS **1112 GOODLETTE RD STE 204**
CITY-ST-ZIP **NAPLES FL 34120 34102**

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

TITLE **MGR** ☐ Delete
NAME **MEDINA, TYRONE J MD**
STREET ADDRESS **1112 GOODLETTE RD STE 204**
CITY-ST-ZIP **NAPLES FL 34120 34102**

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

TITLE **MGR** ☐ Delete
NAME **SPONAUGLE, JACK DO**
STREET ADDRESS **1112 GOODLETTE RD STE 204**
CITY-ST-ZIP **NAPLES FL 34120 34102**

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

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 Connors* **SIGNATURE REQUIRED** *Karen Connors* **Administrator** **4-9-03** **239-262-4519**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

0037798

CR2E083 (10/02)