ANNUAL REPORT
1995

DIVISION OF CORPORATIONS

# DOCUMENT # L07089 (0)

1. Corporation Name
ST. JOHN'S EMERGENCY PHYSICIANS GROUP, P.A.

FILED
95 MAY -1 PM 2:37
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

| Principal Place of Business | Mailing Address |
|---|---|
| 655 FULTON ST. STE 10<br>P.O. BOX 2261<br>SANFORD FL 32771 | 655 FULTON ST. STE 10<br>P.O. BOX 2261<br>SANFORD FL 32771 |

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 06/01/1989
3a. Date of Last Report: 04/01/1994

| 2. Principal Place of Business | 2a. Mailing Address |
|---|---|
| 21 | 26 |
| Suite, Apt. #, etc.<br>22 656 Fulton St. Suite 5 | Suite, Apt. #, etc.<br>27 |
| City & State<br>23 | City & State<br>28 |
| Zip / Country<br>24 / 25 | Zip / Country<br>29 / 30 |

4. FEI Number: 59-2976822 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

| 9. Name and Address of Current Registered Agent | 10. Name and Address of New Registered Agent |
|---|---|
| BLANTON, DEBORAH J MD<br>655 FULTON ST, STE 10<br>SANFORD FL 32771 | 01 Name<br>02 Street Address (P.O. Box Number is Not Acceptable): 655 Fulton St. Suite 5<br>03<br>04 City: FL 05 Zip Code |

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|---|---|---|---|
| TITLE | DST | 11 TITLE | ☐ Change ☐ Addition |
| NAME | KING, LINDA D O | 12 NAME | |
| STREET ADDRESS | 901 LONGWOOD MARKHAM RD | 13 STREET ADDRESS | |
| CITY-ST-ZIP | SANFORD FL | 14 CITY-ST-ZIP | |
| TITLE | PD | 21 TITLE | ☐ Change ☐ Addition |
| NAME | BLANTON, DEBORAH MD | 22 NAME | |
| STREET ADDRESS | 466 HENKEL CIR | 23 STREET ADDRESS | |
| CITY-ST-ZIP | WINTER PARK FL | 24 CITY-ST-ZIP | |
| TITLE | DV | 31 TITLE | ☐ Change ☐ Addition |
| NAME | VOIT, MAREK MD | 32 NAME | |
| STREET ADDRESS | 1125 APPLETON AVE | 33 STREET ADDRESS | |
| CITY-ST-ZIP | ORLANDO FL | 34 CITY-ST-ZIP | |
| TITLE | D | 41 TITLE | ☐ Change ☐ Addition |
| NAME | NATALE, DENNIS L MD | 42 NAME | |
| STREET ADDRESS | 3045 FOXHILL CIRCLE #203 | 43 STREET ADDRESS | |
| CITY-ST-ZIP | APOPKA FL | 44 CITY-ST-ZIP | |
| TITLE | D | 51 TITLE | ☒ Change ☐ Addition |
| NAME | SCHEFSKY, HARVEY W MD | 52 NAME | DELETE |
| STREET ADDRESS | 1705 TURTLE HILL TRAIL | 53 STREET ADDRESS | |
| CITY-ST-ZIP | ENTERPRISE FL | 54 CITY-ST-ZIP | |
| TITLE | | 61 TITLE | ☐ Change ☐ Addition |
| NAME | | 62 NAME | |
| STREET ADDRESS | | 63 STREET ADDRESS | |
| CITY-ST-ZIP | | 64 CITY-ST-ZIP | |

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

**SIGNATURE:** M. S. Voit 4/24/95 407/330-9984
SIGNATURE AND TYPED OR PRINTED NAME OF BIDDING OFFICER OR DIRECTOR — Date — Daytime Phone #

0043043 CP