

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



FLORIDA DEPARTMENT OF STATE  
Sandra B. Morham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # L07089 (0)

1. Corporation Name

ST. JOHN'S EMERGENCY PHYSICIANS GROUP, P.A.



Principal Place of Business

665 FULTON ST. SUITE 5  
P.O. BOX 2261  
SANFORD FL 32771  
US

Mailing Address

655 FULTON ST. STE 10  
P.O. BOX 2261  
SANFORD FL 32771

2. Principal Place of Business

21 1401 W. SEMINOLE BLVD  
Suite, Apt. #, etc.

22 SANFORD, FL  
City & State

23 32771 SEMINOLE  
Zip Country

24

2a. Mailing Address

26 1401 W. SEMINOLE BLVD.  
Suite, Apt. #, etc.

27 #285  
City & State

28 SANFORD, FL  
Zip Country

29 32771

30 SEMINOLE

3. Date Incorporated or Qualified

08/01/1989

3a. Date of Last Report

05/01/1995

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

BLANTON, DEBORAH J MD  
655 FULTON ROAD  
SUITE 5  
SANFORD FL 32771

10. Name and Address of New Registered Agent

81 Name

DEBORAH J. BLANTON, M.D.

82 Street Address (P.O. Box Number is Not Acceptable)

1401 W. SEMINOLE BLVD

83

84 City

SANFORD

FL

85 Zip Code

32771

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

*Deborah J. Blanton*  
Signature, typed or printed name of registered agent and the applicable

(NOTE: Registered Agent signature required when reinstating)

4/29/96  
DATE

12. OFFICERS AND DIRECTORS

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
DST  
KING, LINDA D O  
901 LONGWOOD MARKHAM RD  
SANFORD FL

☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
PD  
BLANTON, DEBORAH MD  
466 HENKEL CIR  
WINTER PARK FL

☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
DV  
VOIT, MAREK MD  
1125 APPLETON AVE  
ORLANDO FL

☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
D  
NATALE, DENNIS L MD  
3045 FOXHILL CIRCLE #203  
APOPKA FL

☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

☐ DELETE

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
1.1 TITLE		
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY - ST - ZIP		
2.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY - ST - ZIP		
3.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY - ST - ZIP		
4.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY - ST - ZIP		
5.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY - ST - ZIP		
6.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 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)(k), 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: *Deborah J. Blanton*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-29-96 407/330-9984  
Date Daytime Phone #

CR2E034 (12/95)