ANNUAL REPORT
1995

DIVISION OF CORPORATIONS

FILED
95 APR -7 PM 1:40
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L65402 (4)

1. Corporation Name
SOUTHERN EMERGENCY PHYSICIANS, P.A.

| Principal Place of Business | Mailing Address |
|---|---|
| 2620 RIDGEWOOD ROAD. #300<br>AKRON OH 44313 | 2620 RIDGEWOOD ROAD. #300<br>AKRON OH 44313 |

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 04/12/1990
3a. Date of Last Report: 06/23/1994

2. Principal Place of Business
21
Suite, Apt. #, etc.
22
City & State
23
Zip
24
Country
25

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
Zip
29
Country
30

4. FEI Number: 65-0199831 ☐ 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

C T CORPORATION SYSTEM
1200 S. PINE ISLAND RD.
PLANTATION FL 33324

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 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 | P | 11 TITLE | PD | ☒ Change ☐ Addition |
| NAME | CALVERT, TOM | 12 NAME | | |
| STREET ADDRESS | 223 AIKEN HUNT CIRCLE | 13 STREET ADDRESS | | |
| CITY-ST-ZIP | COLUMBIA SC 29233 | 14 CITY-ST-ZIP | | |
| TITLE | V | 21 TITLE | VD | ☒ Change ☐ Addition |
| NAME | BADAL, JOSEPH J., M.D. | 22 NAME | | |
| STREET ADDRESS | 21 FORT ROYAL ISLE | 23 STREET ADDRESS | | |
| CITY-ST-ZIP | FT LAUDERDALE FL 33308 | 24 CITY-ST-ZIP | | |
| TITLE | C | 31 TITLE | ST | ☒ Change ☐ Addition |
| NAME | BELL, THOMAS C. | 32 NAME | SULLIVAN, ROBERT E. | |
| STREET ADDRESS | 2620 RIDGEWOOD ROAD | 33 STREET ADDRESS | 2620 RIDGEWOOD ROAD | |
| CITY-ST-ZIP | AKRON OH | 34 CITY-ST-ZIP | AKRON, OHIO 44313 | |
| TITLE | | 41 TITLE | AS | ☒ Change ☐ Addition |
| NAME | | 42 NAME | ANDERSON, NITA | |
| STREET ADDRESS | | 43 STREET ADDRESS | 2620 RIDGEWOOD ROAD | |
| CITY ST ZIP | | 44 CITY-ST-ZIP | AKRON, OHIO 44313 | |
| TITLE | | 51 TITLE | | ☐ Change ☐ Addition |
| NAME | | 52 NAME | | |
| STREET ADDRESS | | 53 STREET ADDRESS | | |
| CITY ST ZIP | | 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)(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 is an attachment with an address.

SIGNATURE: Joseph J. Badal 1-27-95 (305)475-1300
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0475994 FP