SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375.)

PROFIT CORPORATION ANNUAL REPORT
1996

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

DOCUMENT # L65402 (4)

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

Principal Place of Business	Mailing Address
2620 RIDGEWOOD ROAD. #300 AKRON OH 44313	2620 RIDGEWOOD ROAD. #300 AKRON OH 44313

3. Date Incorporated or Qualified: 04/12/1990
3a. Date of Last Report: 04/07/1995

2. Principal Place of Business	2a. Mailing Address
21 5005 Rockside Road	26 5005 Rockside Road
Suite, Apt. #, etc. 22 Suite 430	Suite, Apt. #, etc. 27 Suite 430
City & State 23 Independence, Ohio	City & State 28 Independence, Ohio
Zip / Country 24 44131 / 25 USA	Zip / Country 29 44131 / 30 USA

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: X _____ (Signature of new registered agent, if appointed) (NOTE: Registered Agent signature required when reinstating) DATE: 6/28/96

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD CALVERT, TOM 223 AIKEN HUNT CIRCLE COLUMBIA SC	☒ DELETE	11 TITLE / 12 NAME / 13 STREET ADDRESS / 14 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD BADAL, JOSEPH J., M.D. 21 FORT ROYAL ISLE FT LAUDERDALE FL	☐ DELETE	21 TITLE / 22 NAME / 23 STREET ADDRESS / 24 CITY-ST-ZIP	☒ Change ☐ Addition 21169 OAKLEY COURT BOCA-RATON FLORIDA 33433-7435
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	ST SULLIVAN, ROBERT E. 2620 RIDGEWOOD ROAD AKRON OH	☐ DELETE	31 TITLE / 32 NAME / 33 STREET ADDRESS / 34 CITY-ST-ZIP	☒ Change ☐ Addition 2100 HORNES LAKE ROAD WILLIAMSBURG, VA. 23185
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	AS ANDERSON, NITA 2620 RIDGEWOOD ROAD AKRON OH 44313	☒ DELETE	41 TITLE / 42 NAME / 43 STREET ADDRESS / 44 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	51 TITLE / 52 NAME / 53 STREET ADDRESS / 54 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	61 TITLE / 62 NAME / 63 STREET ADDRESS / 64 CITY-ST-ZIP	☐ Change ☐ Addition 700001902197 -07/23/96--01104--029 ***225.00 7/23 JP

CR2E034 (3/96)

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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: X _____ Joseph J. Badal — 6/28/96 — 407/477-5030
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #