**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
2620 RIDGEWOOD ROAD. #300
AKRON OH 44313

Mailing Address
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
21 5005 Rockside Road
Suite, Apt. #, etc.
22 Suite 430
City & State
23 Independence, Ohio
Zip 24 44131
Country 25 USA

2a. Mailing Address
26 5005 Rockside Road
Suite, Apt. #, etc.
27 Suite 430
City & State
28 Independence, Ohio
Zip 29 44131
Country 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] (NOTE: Registered Agent signature required when resigning) DATE 6/28/96

12. OFFICERS AND DIRECTORS

| | | |
|---|---|---|
| TITLE | PD | ☒ DELETE |
| NAME | CALVERT, TOM | |
| STREET ADDRESS | 223 AIKEN HUNT CIRCLE | |
| CITY-ST-ZIP | COLUMBIA SC | |
| TITLE | VD | ☐ DELETE |
| NAME | BADAL, JOSEPH J., M.D. | |
| STREET ADDRESS | 21 FORT ROYAL ISLE | |
| CITY-ST-ZIP | FT LAUDERDALE FL | |
| TITLE | ST | ☐ DELETE |
| NAME | SULLIVAN, ROBERT E. | |
| STREET ADDRESS | 2620 RIDGEWOOD ROAD | |
| CITY-ST-ZIP | AKRON OH | |
| TITLE | AS | ☒ DELETE |
| NAME | ANDERSON, NITA | |
| STREET ADDRESS | 2620 RIDGEWOOD ROAD | |
| CITY-ST-ZIP | AKRON OH 44313 | |
| TITLE | | ☐ DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | ☐ DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| | | |
|---|---|---|
| 1.1 TITLE | | ☐ Change ☐ Addition |
| 1.2 NAME | | |
| 1.3 STREET ADDRESS | | |
| 1.4 CITY-ST-ZIP | | |
| 2.1 TITLE | | ☒ Change ☐ Addition |
| 2.2 NAME | | |
| 2.3 STREET ADDRESS | 21169 OAKLEY COURT | |
| 2.4 CITY-ST-ZIP | BOCA RATON FLORIDA 33433-7435 | |
| 3.1 TITLE | | ☒ Change ☐ Addition |
| 3.2 NAME | | |
| 3.3 STREET ADDRESS | 2100 HORNES LAKE ROAD | |
| 3.4 CITY-ST-ZIP | WILLIAMSBURG, VA. 23185 | |
| 4.1 TITLE | | ☐ Change ☐ Addition |
| 4.2 NAME | | |
| 4.3 STREET ADDRESS | | |
| 4.4 CITY-ST-ZIP | | |
| 5.1 TITLE | | ☐ Change ☐ Addition |
| 5.2 NAME | | |
| 5.3 STREET ADDRESS | | |
| 5.4 CITY-ST-ZIP | | |
| 6.1 TITLE | 700001902197 | ☐ Change ☐ Addition |
| 6.2 NAME | -07/23/96--01104--029 | |
| 6.3 STREET ADDRESS | ***225.00 | |
| 6.4 CITY-ST-ZIP | | |

7/23 JP

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

CR2E034 (3/96)