

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # M83971

1. Corporation Name

EMERGENCY PHYSICIANS OF MANATEE, INC.

Principal Place of Business

2205 87TH STR NW
BRADENTON FL 34209
US

Mailing Address

2205 87TH STR NW
BRADENTON FL 34209
US

FILED

99 FEB 12 PM 12:22

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

06/01/1988

4. FEI Number

65-0051890

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 owes the current year Intangible
Personal Property Tax. ☐ Yes ☒ No

10. Name and Address of New Registered Agent

9. Name and Address of Current Registered Agent

FELDMAN, MARC H.
3908 26TH STREET WEST
BRADENTON FL 34205

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE DP
NAME WATSKY, STEVEN C.
STREET ADDRESS 2205 87TH STR NW
CITY-ST-ZIP BRADENTON FL ☒ DELETE

11 TITLE AD
12 NAME H. LYNN HASSINGALE, M.D.
13 STREET ADDRESS 1900 WINSTON RD, #300
14 CITY-ST-ZIP NNOXVILLE, TN 37919 ☐ Change ☒ Addition

TITLE D
NAME HARVEY, DON
STREET ADDRESS 2813 59TH STREET
CITY-ST-ZIP SARASOTA FL ☒ DELETE

21 TITLE VP/T/D
22 NAME JAMES H. DICHERSON, JR.
23 STREET ADDRESS 3000 GALLERIA TOWER, #1000
24 CITY-ST-ZIP BIRMINGHAM, AL 35244 ☐ Change ☒ Addition

TITLE D
NAME DERESPINO, JAMES, A
STREET ADDRESS 10852 FOREST RUN CIRCLE
CITY-ST-ZIP BRADENTON FL ☒ DELETE

31 TITLE VP/S/D
32 NAME SARA J. FINLEY
33 STREET ADDRESS 3000 GALLERIA TOWER, #1000
34 CITY-ST-ZIP BIRMINGHAM, AL 35244 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ 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

600002773626--7

14. I hereby certify that the information supplied with this filing 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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)

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PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 489925

1. Corporation Name

STEVE MOORE CHEVROLET, INC.

Principal Place of Business

5757 LAKE WORTH ROAD
P.O. BOX 9500
GREENACRES FL 33463

Mailing Address

5757 LAKE WORTH ROAD
P.O. BOX 9500
GREENACRES FL 33466-9500

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

1105E 6th Street

27

Suite, Apt. #, etc.

28

20th Floor

29

City & State

30

Fr. Lauderdale, FL

31

Zip

32

Country

9. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

81 Name

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

83

84 City

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

11/12/1975

4. FEI Number

59-1632181

Applied For
Not Applicable

5. Certificate of Status Desired

[]

\$8.75 Additional
Fee Required

6. Election Campaign Financing

[]

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax

[X] Yes

[] No

10. Name and Address of New Registered Agent

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

PD
MOORE, STEPHEN C.
5757 LAKE WORTH ROAD
GREENACRES FL

[X] DELETE

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

VPS
COLE, JAMES O.
5757 LAKE WORTH ROAD
GREENACRES FL 33436

[X] DELETE

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

T
HYLE, KATHLEEN
5757 LAKE WORTH ROAD
GREENACRES FL 33463

[X] DELETE

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

AST
BAIDEN, CHARLES V.
5757 LAKE WORTH ROAD
GREENACRES FL 33463

[X] 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

11 TITLE

12 NAME

13 STREET ADDRESS

14 CITY-ST-ZIP

21 TITLE

22 NAME

23 STREET ADDRESS

24 CITY-ST-ZIP

31 TITLE

32 NAME

33 STREET ADDRESS

34 CITY-ST-ZIP

41 TITLE

42 NAME

43 STREET ADDRESS

44 CITY-ST-ZIP

51 TITLE

52 NAME

53 STREET ADDRESS

54 CITY-ST-ZIP

61 TITLE

62 NAME

63 STREET ADDRESS

64 CITY-ST-ZIP

[] Change [] Addition

[] Change [] Addition

[] Change [] Addition

[] Change [] Addition

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SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/22/99 (954) 769-6000

CR2E034 (11/98)

0073062

APPROVED
AND
FILED

99 FEB 12 AM 8:53

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

