Applied For

\$8.75 Additional

Fee Required

\$5.00 May Be

Added to Fees

[]No

Yes

Not Applicable



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # M83971

EMERGENCY PHYSICIANS OF MANATEE, INC.

Country

25

Principal Place of Business 2205 67TH STR NW BRADENTON FL 34209

21

22

23

24

Zip

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

SIGNATURE:

Mailing Address

2205 B7TH STR NW BRADENTON FL 34209

2a. Mailing Address

City & State

Suite, Apt. #, etc.

26

27

28

29

FILED

99 FEB 12 PM 12: 22

SECRETARY OF STATE TALLAHASSEE. FLORIDA

3. Date Incorporated or Qualifed 06/01/1988

5. Certificate of Status Desired

6. Election Campaign Financing

8. This corporation owes the current year Intangible

Trust Fund Contribution

Personal Property Tax.

4. FEI Number

2/10/99

65-0051890



DO NOT WRITE IN THIS SPACE

 $\Box$ 

	8. Name and Address of Current Registered Agent			10. Name and Address of New Registered Agent					
FELDMAN, MARC H. 3908 26TH STREET WEST			81 Name						
			82 Street Address (P.O. Box Number is Not Acceptable)						
BRADENTON FL 34205		83	83						
			City	■4 85 Zip Code					
			-011	FL (13) 24 0000					
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									
			i signatur						
12.		13.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1.					
MILE	,—	.1 THLE		P/O ☐ Change ► Add	dition				
NAME		1.2 NAME		H. LYNN HASSINGALE, H.D.					
STREET ADDRESS		13STREE		1900 WINSTON PD, # 300					
CITY-ST-ZIP		4 CiTY-SI	-ZIP	NNOXVILLE, TN 37919					
TITLE		21 TITLE		VP/T/D □ Change MAde	dition				
NAME		2 NAME		JAHES H. DICHERSON, JR. 3000 GALLERIA TOWER, # 1000	i				
STREET ADDRESS	=	3 STREET	ADORES	S 3000 GALLERIA TOWER, 7 1000	i				
CITY-ST-ZIP		4 CITY-S	· ŽIP	BIRMINGMAM, AL 35244					
TITLE	D DELETE 3	1 TO LE	-	IVD / A / D I Change MAdd	dition				
NAME	DERESPINO, JAMES, A	2 NAME		BARA J. FINLEY  3 000 GALVERIA TOWER, #1008  BIAHINGHAM, AL 3524					
STREET ADDRESS	10852 FOREST RUN CIRCLE	3 STREET	ADDRES	S 3000 GALLERIA TOWER, #1000					
CITY-ST-ZIP	BRADENTON FL 3	4 CITY-S	-ZIP	BIANINGHAM, AL 35244					
TITLE	E.) DELETE 4	1 TITLE		☐ Change ☐ Ado	dition				
NAME	4	2 NAME							
STREET ADDRESS	4	3 STREET	ADORES	s					
C/TY-ST-ZIP		4 CITY-SI	· ZIP						
TITLE	☐ DELETE 5	1 TITLE		Change Ado	dition				
NAME	5	2 NAME			Ì				
STREET ADDRESS	5	3 STREET	ADDRES:	s					
CITY-ST-ZIP		4 CITY- \$1	- ZIP						
TTILE	L. OCERTE	1 TITLE		☐ Change ☐ Ado	dition				
NAME	•	2 NAME		Anny family family family family family should should family family family family family family	,				
STREET ADDRESS		3 STREET		s  6000027736267					
CITY-ST-ZIP		4 CITY-ST							
indicated of officer or o	on this annual report or supplemental annual report is true and accurate a	nd that e this re	my sig port as	ed in Section 119.07(3)(i). Florida Statutes. I further certify that the informatic gnature shall have the same legal effect as if made under oath; that I am an s required by Chapter 607, Florida Statutes; and that my name appears in red.	$\mathcal{D}$				

Country

[7L	E NOW: FILING FEE A	*		APPROVED
co	RPORATION	FLORIDA DEPARTMENT OF STATE  Katherine Harris		AND FILED
ANN	UAL REPORT	7.7	ry of State	99 550 10
	1999	DIVISION OF	CORPORATIONS	99 FFB 12 AM 8: 53
DOCU 1. Corporation	MENT # 489925	•	SEURETARY OF STATE TALLAHASSEE, FLORIDA	
STEVE	MOORE CHEVROLET, INC.			A STANTONE STANTONE
•	ce of Business	Mailing Address		T TORREST BERRY TORNE TOWNS TOWNS THOSE BEST BURNE BURN BURN BURN BURN BURN BURN BURN BURN
87\$7 LAKE W P.O. BOX 950		5757 LAKE WORTH ROAD P.O. BOX 9500		
GREENACRES		GREENACRES FL 33466-95	00	DO NOT WRITE IN THIS SPACE
				3. Date Incorporated or Qualifed 11/12/1975
2. Principal I	Place of Business	2a. Mailing Address	h ~ 1	4. FEI Number Applied For
1		26 110 SE V	Street	1 03 1032 10 1 Not Applicable
Suite, Apt	. #, etc.	27 30 F) c	000	5. Certificate of Status Desired [ ] \$8.75 Additional Fee Required
City & Sta	ite	City & State	dala, FL	6. Election Campaign Financing \$5.00 May Be
Zip	Country	Zip	Country	Trust Fund Contribution Added to Fees  8. This corporation owes the current year Intangible
4]	25	29 33301	30 USA	Personal Property Tax. Yes No
	9, Name and Address of Curren	r Kağıstered Ağelir	81 Name	10. Name and Address of New Registered Agent
	CORPORATION SYSTEM		1	Address (D.O. D. v. N., hor is N. J. Asses Jobbs)
1200 SOUTH PINE ISLAND ROAD				Address (P.O. Box Number is Not Acceptable) 757522
PLA	INTATION FL 33324		83	-02/16/9901032024
			84 City	*****150. <b>p</b> q   ****150.00
office or	registered agent, or both, in the State of	of Florida. Such change was as	uthorized by the corpo	corporation submits this statement for the purpose of changing its registered oration's board of directors. I hereby accept the appointment as registered
-	am familiar with, and accept the obligat	tions of, Section 607.0505, Flor	rida Statutes	
SIGNATURE	Signature, typed or printed name of registered agen		Registered Agent signature re	equired when reinstaning) DATE
12.	OFFICERS AN	D DIRECTORS NI DELETE	13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  [] Change [] Addition
MME	MOORE, STEPHEN C.	De Octore	1.2 NAME	1. <b>V</b>
TREET ADDRESS		_	13 STREET ADDRESS	"See attachment"
OTY-ST-ZIP	GREENACRES FL		1.4 CiTY+ST+ZiP	
MTLE NAME	VPS COLE, JAMES O.	<b>▼</b> DELETE	21 TITLE 22 NAME	[] Change [] Addition
VAME STREET ADDRESS			23 STREET ADDRESS	j
	GREENACRES FL 33436		2 4 CITY-ST-ZIP	
XTY-ST-ZIP			3 1 TITLE	F20c-
	T	(X) DELETE	31 IIILE	Change Addition
TTLE VAME	T HYLE, KATHLEEN	SM) DELETE	3.2 NAME	
ITLE AME TREET ADDRESS	T HYLE, KATHLEEN 5757 LAKE WORTH ROAD	(XI) DELETE	3.2 NAME 3.3 STREET ADORESS	
ITLE AME TREET ADDRESS ITY-ST-ZIP	T Hyle, Kathleen 5757 Lake Worth Road Greenacres Fl 33463	Ø DELETE	3.2 NAME	Change  Addition
ITLE IAME TREET ADDRESS ITY-ST-ZIP ITLE	T HYLE, KATHLEEN 5757 LAKE WORTH ROAD		3.2 NAME 3.3 STREET ADORESS 3.4. CITY-ST-ZIP	
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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, vitil all other like empowered.

SIGNATURE:

62 NAME

63STREET ADDRESS 64 CITY-ST-ZIP

SIGNATURE: : SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

NAME STREET ADDRESS

1/22/99