2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 16, 2012
Secretary of State

DOCUMENT# N11000007129

Entity Name: EMERGENCY PHYSICIAN FUND CORP.

Current Principal Place of Business:

13697 PINE VILLA LANE
FT MYERS, FL 33912

New Principal Place of Business:

Current Mailing Address:

13697 PINE VILLA LANE
FT MYERS, FL 33912

New Mailing Address:

FEI Number: 45-2881281 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

GOSTIGIAN, JAMES S
13697 PINE VILLA LANE
FT MYERS, FL 33912 US

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: PRES
Name: WOHL, AARON
Address: 1625 SE 13 STREET
City-St-Zip: CAPE CORAL, FL 33990

Title: VP
Name: FELT, MARK
Address: 421 SNOW DRIVE
City-St-Zip: FT MYERS, FL 33919

Title: VP
Name: MACCHIOROLI, RICHARD
Address: 2503 SE 22ND PLACE
City-St-Zip: CAPE CORAL, FL 33904

Title: T
Name: GOSTIGIAN, JAMES
Address: 13697 PINE VILLA LANE
City-St-Zip: FORT MYERS, FL 33912

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: JAMES GOSTIGIAN T 02/16/2012

Electronic Signature of Signing Officer or Director — Date