SENT BY: ; 352 596 2656; APR-

2002 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 21, 2002 8:00 am
Secretary of State
05-21-2002 91191 008 ***150.00

DOCUMENT # P00000007243

1. Entity Name
ALDAN EMERGENCY PHYSICIANS, P.A.

663543

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
631 N. MAYO STREET	POST OFFICE BOX 1177
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: CRYSTAL BEACH, FL	City & State: CRYSTAL BEACH, FL
Zip: 34681 Country:	Zip: 34681 Country:

DO NOT WRITE IN THIS SPACE

4. FEI Number: 59-3617362 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

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7. Name and Address of Current Registered Agent

Name: SHERMAN, ALAN

Street Address (P.O. Box Number is Not Acceptable): 631 N. MAYO STREET

City: CRYSTAL BEACH **FL** Zip Code: 34681

8. 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: X [signature] 04/29/02
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

10. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	D/P/S
NAME	SHERMAN, ALAN
STREET ADDRESS	631 N. MAYO STREET
CITY-ST-ZIP	CRYSTAL BEACH, FL 34681
TITLE	D/VP/T
NAME	NEWHALLER, DANIEL J.
STREET ADDRESS	POST OFFICE BOX 100
CITY-ST-ZIP	OZONA, FL 34683
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

13. 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 report or supplemental 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 11 or on an attachment with an address, with all other like empowered.

SIGNATURE: X [signature] ALAN SHERMAN 04/29/02
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #