2007 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # P00000007243

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

Principal Place of Business	Mailing Address
631 N. MAYO ST. CRYSTAL BEACH, FL 34681	POST OFFICE BOX 1177 CRYSTAL BEACH, FL 34681

DO NOT WRITE IN THIS SPACE

02072007   No Chg-P   CR2E034 (11/05)

4. FEI Number	Applied For
59-3617362	Not Applicable

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

6. Name and Address of Current Registered Agent

SHERMAN, ALAN
631 N. MAYO ST.
CRYSTAL BEACH, FL 34681

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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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable   (NOTE. Registered Agent signature required when reinstating)   DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2007 Fee will be $550.00

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

10. OFFICERS AND DIRECTORS

TITLE	DVPT
NAME	SHERMAN, ALAN
STREET ADDRESS	631 N. MAYO ST.
CITY-ST-ZIP	CRYSTAL BEACH, FL 34681

TITLE	DPS
NAME	NEWFHALLER, DANIEL J
STREET ADDRESS	PO BOX 100
CITY-ST-ZIP	OLONA, FL 34660

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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CITY-ST-ZIP	

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02/22/07-80024-012 150.00

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: X _____   ALAN SHERMAN X 2/11/07
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #