
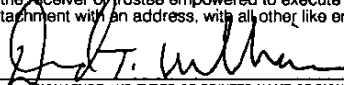


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 27, 2006 8:00 am
Secretary of State

01-27-2006 90037 033 ***150.00

| | | | | | |
|--|---|---|--|--|--|
| DOCUMENT # P01000104228 1. Entity Name WUESTHOFF EMERGENCY PHYSICIANS, MELBOURNE P.A. | | | |  | |
| Principal Place of Business 125 EAST MERRITT ISLAND CAUSEWAY SUITE 209, #342 MERRITT ISLAND, FL 32952 | | | Mailing Address 125 EAST MERRITT ISLAND CAUSEWAY SUITE 209, #342 MERRITT ISLAND, FL 32952 | | |
| 2. Principal Place of Business | | | 3. Mailing Address | | |
| Suite, Apt. #, etc. | | | Suite, Apt. #, etc. | | |
| City & State | | | City & State | | |
| Zip | | Country | | Zip | |
| | | | | Country | |
| 4. FEI Number 59-3753024 | | | | Applied For <input type="checkbox"/> Not Applicable | |
| 5. Certificate of Status Desired <input type="checkbox"/> | | | | \$8.75 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent WILLIAMS, DAVID T-- 630 JACKSON CT. SATELLITE BEACH, FL 32937 | | | 7. Name and Address of New Registered Agent Name WILLIAMS, DAVID T Street Address (P.O. Box Number is Not Acceptable) 725 South Tropical Trail City Merritt Island FL Zip Code 32952 | | |
| 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small> | | | | | |
| FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees | | | |
| 10. OFFICERS AND DIRECTORS | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PTD WILLIAMS, DAVID T <input type="checkbox"/> Delete 630 JACKSON CT SATELLITE BEACH, FL 32937 | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | PTD WILLIAMS, DAVID T <input type="checkbox"/> Change <input type="checkbox"/> Addition 725 South Tropical Trail Merritt Island FL 32952 | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VSD NICHOL, CURRIN <input type="checkbox"/> Delete 6278 N. FEDERAL HWY., STE.186 FT. LAUDERDALE, FL 33308 | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| 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:  David T. Williams 1-25-06 721 698 7367 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small> | | | | | |