2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000058271

Entity Name: EMERGENCY PHYSICIAN PLACEMENT SERVICES, INC.

FILED Mar 16, 2004 Secretary of State

Current Principal Place of Business:	New Principal Place of Business:
Current Frincipal Flace Of Business.	New Fillicipal Flace Of Dusiliess.

4601 SHERIDAN ST, STE 301 2514 HOLLYWOOD BLVD. HOLLYWOOD, FL 33021 SUITE 303

HOLLYWOOD, FL 33020

Current Mailing Address: New Mailing Address:

4601 SHERIDAN ST, STE 301 2514 HOLLYWOOD BLVD HOLLYWOOD, FL 33021 SUITE 303 HOLLYWOOD, FL 33020

FEI Number: 02-0607407 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

BROCH, ZACHARY 4601 SHERIDAN ST, STE 301 HOLLYWOOD, FL 33021 US KAHN, IRA L ESQ 2514 HOLLYWOOD BLVD SUITE 300 HOLLYWOOD, FL 33020 US

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: IRA L. KAHN, ESQ 03/16/2004

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS: ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PTS () Delete Title: () Change () Addition

 Name:
 BROCH, ZACHARY
 Name:

 Address:
 1204 JOHNSON STREET
 Address:

 City-St-Zip:
 HOLLYWOOD, FL 33019
 City-St-Zip:

Title: V () Delete Title: () Change () Addition

 Name:
 JONES, MARY R MD
 Name:

 Address:
 105 PITTS DR
 Address:

 City-St-Zip:
 GADSDEN, AL 35903
 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ZACHARY BROCH PSTD 03/16/2004