2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 04, 2006
Secretary of State

DOCUMENT# P02000058271

Entity Name: EMERGENCY PHYSICIAN PLACEMENT SERVICES, INC.

Current Principal Place of Business:

2514 HOLLYWOOD BLVD.
SUITE 300
HOLLYWOOD, FL 33020

New Principal Place of Business:

18441 NW 2ND AVENUE
SUITE 216
MIAMI, FL 33169

Current Mailing Address:

2514 HOLLYWOOD BLVD
SUITE 300
HOLLYWOOD, FL 33020

New Mailing Address:

18441 NW 2ND AVENUE
SUITE 216
MIAMI, FL 33169

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

Name and Address of Current Registered Agent:

KAHN, IRA L ESQ
2514 HOLLYWOOD BLVD
SUITE 300
HOLLYWOOD, FL 33020 US

Name and Address of New Registered Agent:

LINDE, MICHAEL
18441 NW 2ND AVENUE
SUITE 216
MIAMI, FL 33169 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: MICHAEL LINDE 01/04/2006
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PTS ( ) Delete
Name: BROCH, ZACHARY
Address: 2514 HOLLYWOOD BLVD. # 300
City-St-Zip: HOLLYWOOD, FL 33020

Title: V ( ) Delete
Name: JONES, MARY R MD
Address: 105 PITTS DR
City-St-Zip: GADSDEN, AL 35903

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PTS (X) Change ( ) Addition
Name: BROCH, ZACHARY
Address: 18690 NE 22ND AVENUE
City-St-Zip: N. MIAMI BEACH, FL 33180

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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 PST 01/04/2006
Electronic Signature of Signing Officer or Director Date