

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P06000118094

Entity Name: ER PHYSICIAN P.A.

**FILED**  
**Feb 20, 2012**  
**Secretary of State**

**Current Principal Place of Business:**

945 PARKVIEW DRIVE  
TALLAHASSEE, FL 32311

**New Principal Place of Business:**

**Current Mailing Address:**

945 PARKVIEW DRIVE  
TALLAHASSEE, FL 32311

**New Mailing Address:**

FEI Number: 20-5594530

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

LEPANTO, RICHARD D  
945 PARKVIEW DRIVE  
TALLAHASSEE, FL 32311 US

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

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: CEO  
Name: LEPANTO, RICHARD D  
Address: 945 PARKVIEW DRIVE  
City-St-Zip: TALLAHASSEE, FL 32311

Title: CFOS  
Name: LEPANTO, RICHARD D  
Address: 945 PARKVIEW DRIVE  
City-St-Zip: TALLAHASSEE, FL 32311

I hereby 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 all other like empowered.

SIGNATURE: RICHARD D LEPANTO

CEO

02/20/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date