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PROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Martham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P93000085190 (5)**

1. Corporation Name

EMERGENCY CARE PHYSICIANS, INC.

Principal Place of Business

132 GULFSIDE DR.
ISLAMORADA FL 33036
US

Mailing Address

132 GULFSIDE DR.
ISLAMORADA FL 33036-3318
US

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Zip

24

29

Country

30

Country

9. Name and Address of Current Registered Agent

**SPERRY, BRENT A.
132 GULFSIDE DR.
ISLAMORADA FL 33036**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12.

OFFICERS AND DIRECTORS

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE

DELETE

NAME

**PS
SPERRY, BRENT A.
132 GULFSIDE DR.
ISLAMORADA FL**

STREET ADDRESS

CITY-ST-ZIP

Change Addition

TITLE

DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

Change Addition

14.

I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changes, or on an attachment with an address.

SIGNATURE:

BSJ

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED
May 08 1997 8:00am
Secretary of State



CR2E034 (9/96)

4/30/97 305 664 4301

Date Daytime Phone #