

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 07, 2001 8:00 am
Secretary of State
 05-07-2001 90011 023 ***150.00

DOCUMENT # P96000004231

1. Entity Name
EMERGENCY PHYSICIAN ENTERPRISES, INC.

Principal Place of Business 1800 FOREST HILL BOULEVARD SUITE A2 WEST PALM BEACH FL 33406	Mailing Address 1800 FOREST HILL BOULEVARD SUITE A2 WEST PALM BEACH FL 33406
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address		4. FEI Number 65-0646737		Applied For	
Suite, Apt. #, etc.		Suite, Apt. #, etc.				Not Applicable	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
Zip	Country	Zip	Country				

6. Name and Address of Current Registered Agent ZAPPA, MICHAEL J 2347 PROSPERITY BAY COURT PALM BEACH GARDENS FL 33410				7. Name and Address of New Registered Agent Name ZAPPA, MICHAEL J Street Address (P.O. Box Number is Not Acceptable) 2290 Seven Oaks Lane City Palm Beach Gardens FL Zip Code 33410			
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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.

SIGNATURE Michael J. Zappa, Pres. MICHAEL J. ZAPPA, PRESIDENT DATE 4/27/01
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/>	FILE NOW!!! FEE IS \$150.00 After MAY 1, 2001 Fee will be \$550.00 Make Check Payable to Department of State	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS				12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PVST ZAPPA, MICHAEL J 2347 PROSPERITY BAY COURT PALM BEACH GARDENS FL 33410	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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13. I hereby certify that the information supplied with this filing does not qualify 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 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Michael J. Zappa, Pres. MICHAEL J. ZAPPA, PRES
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)