


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 12, 2004 08:00 AM
Secretary of State

DOCUMENT # P96000011858 EMERGENCY ROOM PHYSICIAN SERVICES, P.A.	
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Office Address A 112TH COURT MIAMI, FL 33165	Mailing Address 3507 SW 112 CT. MIAMI, FL 33165 US
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04012004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0649112	Applied For Not Applicable
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5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
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6 Name and Address of Current Registered Agent

PELAYO TORRES, MD
3507 SW 112 COURT
MIAMI FL 33165

**DO NOT WRITE
IN THIS SPACE**

8. I, the undersigned, do hereby certify that the information furnished herein is true and correct, and that I am familiar with, and accept the responsibility for, the accuracy of the information furnished herein.

Signature: _____ Date: _____
(NOTE: Registered Agent's name required when filing this report)

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution ☐ \$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS	
11. Name and Address of Officer or Director	12. Signature of Officer or Director
D TORRES PELAYO 3507 SW 112 COURT MIAMI FL 33165	

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04/12/04-80104-017 158.75

**DO NOT WRITE
IN THIS SPACE**

12. I, the undersigned, do 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 was prepared by the officer or director or trustee employed to execute this report as required by Chapter 007 Florida Statutes, and that my name appears in Block 10 or Block 11 if it is required to be included with an address, with all other like empowered.

SIGNATURE: Pelayo Torres PELAYO TORRES
PRESIDENT 03/31/04 305-226-5382
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #