2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 17, 2006 08:00 AM
Secretary of State

DOCUMENT # P96000011858

1. Entity Name
EMERGENCY ROOM PHYSICIAN SERVICES, P.A.

Principal Place of Business	Mailing Address
3507 SW 112TH COURT MIAMI FL 33165 US	3507 SW 112 CT. MIAMI, FL 33165 US

02202006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0649112
Applied For
Not Applicable

5. Certificate of Status Desired ☒ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

PELAYO TORRES MD
3507 SW 112 COURT
MIAMI FL 33165

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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. I am familiar with, and accept the obligations of, the registered agent.

SIGNATURE: _____ (Registered agent and officer if applicable.) (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2006 Fee will be $550.00

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

10. OFFICERS AND DIRECTORS

D
TORRES PELAYO
3507 SW 112 COURT
MIAMI FL 33165

000000472465
03/29/06-80037-021 158.75

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12. The undersigned agrees that each officer and director supplied with this filing does not qualify for the exemptions contained 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 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 10 or Block 11 if changed, or added, with an address, with all other like empowered.

SIGNATURE: Pelayo Torres Pelayo R.Torres President 02/20/06 305-225-5392
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #