

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P96000011858

1. Entity Name

EMERGENCY ROOM PHYSICIAN SERVICES, P.A.



FILED
Jan 27, 2003 8:00 am
Secretary of State

01-27-2003 90205 015 ***158.75

02/9/64 AV

Principal Place of Business
5959 N.W. 7TH ST.
MIAMI FL 33126
US

Mailing Address
3507 SW 112 CT.
MIAMI FL 33165
US

90011053



2. Principal Place of Business
3507 S.W 112TH COURT

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

☒ CHECK HERE IF MAKING CHANGES

City & State
MIAMI, FLORIDA

City & State

4. FEI Number 65-0649112

Applied For

Not Applicable

Zip Country
33165 MIAMI-DADE

Zip Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

PELAYO TORRES, MD
5959 N.W. 7TH ST.
MIAMI FL 33126

Name

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

3507 S.W 112 COURT

City MIAMI

FL Zip Code 33165

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 registered agent.

SIGNATURE *Pelayo Torres*
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE D
NAME TORRES, PELAYO
STREET ADDRESS 5959 N.W. 7TH ST.
CITY-ST-ZIP MIAMI FL ☐ Delete

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 3507 S.W 112 COURT
CITY-ST-ZIP MIAMI, FLORIDA, 33165

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
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CITY-ST-ZIP

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Pelayo R. Torres MD
President 01/27/03 305-226-5382

Date

Daytime Phone #

CR2E034 (10/02)