2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

P96000061563 **DOCUMENT #**

1. Entity Name

MARINERS EMERGENCY PHYSICIANS, INC.



FILED Mar 05, 2003 8:00 am Secretary of State 03-05-2003 90087 020 ***150.00

	,					
Principal Place of Business 7700 NORTH KENDALL DRIVE SUITE 415 MIAMI FL 33156		Mailing Address 7700 NORTH KENDALL DRIVE SUITE 415 MIAMI FL 33156				
2. Principal Place of Business		3. Mailing Address				
Suite, Apt. #, etc.		Suite, Apt. #, etc.		CHECK HERE IF MAKING (CHANGES	
City & State		City & State		4. FEI Number 65-0681405	Applied For Not Applicable	
Zip	Country	Zip	Zip Country		5. Certificate of Status Desired 5	8.75 Additional
6. Name and Address of Current I		Registered Agent			7. Name and Address of New Registered Ag	
				Name		-
LEITMAN			Stroot Address (P		20 Problember is No. 1 problem in the control of th	
7700 NORTH KENDALL DRIVE				Sireel Address (F	P.O. Box Number is Not Acceptable)	
SUITE 41	15			-		
MIAMI FL 33156				City	FL	Zip Code
8. The above named entity submits this statement for the purpose of changing its region to a blight formula of the purpose of changing its region.				office or registere		niliar with and accept
the obliga	ations of registered agent.		0		and any or seat, in the state of the load. Turn land	mar with, and accept
SIGNATURE						
	Signature, typed or printed name of registered agen-	t and title it applicable. (NOT	TE: Registered Ag	gent signature required v	when reinstating) DATE	
F	FILE NOW!!! FEE IS \$150.00	2	-			·
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		11.		ADDITIONS (OHANOES TO OFFICE POR AND O	IDE OT O DO WALL
TITLE	PD	□ Delete	TITLE		ADDITIONS/CHANGES TO OFFICERS AND D	
NAME •	I LEITMAN, LORN		NAME		L	Change Addition
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	para transfer part		UIIT-\$1	LIF		ت وتعار م

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:

INAZIAE (PEQUI CARA...

2-44-03

Date

300-279-8443