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Mar 05 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P96000068099 (6)

1. Corporation Name

EMERGENCY CARE SPECIALISTS OF ORLANDO, INC.



Principal Place of Business

4015 NORTHWEST 35TH STREET  
GAINESVILLE FL 32605

Mailing Address

4015 NORTHWEST 35TH STREET  
GAINESVILLE FL 32605-5409

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

24

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

29

30

3. Date Incorporated or Qualified

08/15/1996

3a. Date of Last Report

4. FEI Number

59-3394247

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution

☐

\$5.00 May Be  
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes

☐ Yes

☐ No

9. Name and Address of Current Registered Agent

AMERILAWYER CHARTERED  
343 ALMERIA AVENUE  
CORAL GABLES FL 33134

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature of registered agent or person of registered agent, if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12.

OFFICERS AND DIRECTORS

TITLE PTD ☐ DELETE  
NAME BOHN, DEREK M.D.  
STREET ADDRESS 4015 NORTHWEST 35TH STREET  
CITY-ST-ZIP GAINESVILLE FL 32605

TITLE VSD ☐ DELETE  
NAME JACOBSON, JERRY M.D.  
STREET ADDRESS 4015 NORTHWEST 35TH STREET  
CITY-ST-ZIP GAINESVILLE FL 32605

TITLE DIRECTOR ☐ DELETE  
NAME TOLEDO, JORGE  
STREET ADDRESS 4015 NW 35TH STREET  
CITY-ST-ZIP GAINESVILLE, FL 32605

TITLE DIRECTOR ☐ DELETE  
NAME TOLEDO, JULIA  
STREET ADDRESS 4015 NW 35TH STREET  
CITY-ST-ZIP GAINESVILLE, FL 32605

TITLE DIRECTOR ☐ DELETE  
NAME REYNOLDS, WILLIAM  
STREET ADDRESS 4015 NW 35TH STREET  
CITY-ST-ZIP GAINESVILLE, FL 32605

TITLE DIRECTOR ☐ DELETE  
NAME MILLER, RICK  
STREET ADDRESS 4015 NW 35TH STREET  
CITY-ST-ZIP GAINESVILLE, FL 32605

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE PRESIDENT, SECRETARY ☒ Change ☐ Addition  
1.2 NAME BOHN, DEREK M.D.  
1.3 STREET ADDRESS 4015 NW 35TH STREET  
1.4 CITY-ST-ZIP GAINESVILLE, FL 32605

2.1 TITLE VICE-PRESIDENT TREASURER ☒ Change ☐ Addition  
2.2 NAME JACOBSON, JERRY M.D.  
2.3 STREET ADDRESS 4015 NW 35TH STREET  
2.4 CITY-ST-ZIP GAINESVILLE, FL 32605

3.1 TITLE ☐ Change ☒ Addition  
3.2 NAME ADDITION  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☒ Addition  
4.2 NAME ADDITION  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☒ Addition  
5.2 NAME ADDITION  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☒ Addition  
6.2 NAME ADDITION  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

14. I 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 indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JERRY JACOBSON 2/27/97 (352)337-9104

CR2E034 (9/96)