

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
Mar 03 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

Mailing Address

4015 NORTHWEST 35TH STREET
GAINESVILLE FL 32605

4015 NORTHWEST 35TH STREET
GAINESVILLE FL 32605

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

08/15/1996

4. FEI Number

59-3394247

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

AMERILAWYER CHARTERED
343 ALMERIA AVENUE
CORAL GABLES FL 33134

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, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

MARES, TAMARA - DIRECTOR ☒ Change ☐ Addition
4015 NW 35TH STREET
GAINESVILLE, FL 32605

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

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

☐ Change ☐ Addition

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

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

☐ Change ☐ Addition

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

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

☐ Change ☐ Addition

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

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

☐ Change ☐ Addition

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

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

☐ Change ☐ Addition

14. 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 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 in an attachment with an address.

CR2E034 (10/97)