


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 20, 2004 8:00 am
Secretary of State

02-20-2004 90013 008 ***150.00

DOCUMENT # P97000016128
 1. Entity Name
SEBASTIAN EMERGENCY PHYSICIANS, INC.



Principal Place of Business
13695 U.S. HWY. 1
SEBASTIAN MV. MED. CENTER
SEBASTIAN, FL 32978 US

Mailing Address
P. O. BOX 460398
SAN FRANCISCO, CA 94146-0398 US

94018493



2. Principal Place of Business
 Suite, Apt. #, etc.

3. Mailing Address
135 Ocean Way
 Suite, Apt. #, etc.

02102004 Chg-P CR2E034 (10/03)

City & State
Vero Beach, FL

4. FEI Number
65-0758615

Applied For
 Not Applicable

Zip
32963

Country
USA

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

6. Name and Address of Current Registered Agent
PARVUS, DIRK
1767 CORAL WAY SOUTH
VERO BEACH, FL 32963

7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
135 Ocean Way
 City
FL Zip Code

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00

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 NAME STREET ADDRESS CITY-ST-ZIP	PD PARVUS, DIRK P.O. BOX 460398 SAN FRANCISCO, CA 94146 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 135 Ocean Way Vero Beach, FL 32963
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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:  **President** **2/18/04** **772-473-7198**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR **DIRK PARVUS** Date Daytime Phone #