

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 13, 2006 8:00 am**  
**Secretary of State**

03-13-2006 90083 019 \*\*\*150.00

DOCUMENT # P97000016128

1. Entity Name  
**SEBASTIAN EMERGENCY PHYSICIANS, INC.**



Principal Place of Business Mailing Address  
**13695 U.S. HWY. 1** **135 OCEAN WAY**  
**SEBASTIAN MV. MED. CENTER** **VERO BEACH, FL 32963 US**  
**SEBASTIAN, FL 32978 US**

50002208

2. Principal Place of Business 3. Mailing Address  
 Suite, Apt. #, etc. **6965 49TH STREET**



03012006 Chg-P CR2E034 (11/05)

City & State City & State  
**VERO BEACH, FL**

4. FEI Number Applied For  
**65-0758615** Not Applicable

Zip Country Zip Country  
**32967 US**

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

6. Name and Address of Current Registered Agent  
**PARVUS, DIRK**  
**135 OCEAN WAY**  
**VERO BEACH, FL 32963**

7. Name and Address of New Registered Agent  
 Name: \_\_\_\_\_  
 Street Address (P.O. Box Number is Not Acceptable)  
**6965 49TH STREET**  
 City **VERO BEACH** FL Zip Code **32967**

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 DATE **3/10/06**

**FILE NOW!!! FEE IS \$150.00 After May 1, 2006 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 135 OCEAN WAY VERO BEACH, FL 32963 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>6965 49TH STREET</b> <b>VERO BEACH FL 32967</b>
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 applied with this filing does not qualify for the exemptions contained in Chapter 119, 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: DATE **3/10/06** Daytime Phone # \_\_\_\_\_