

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000053050

1. Entity Name
EMERGENCY PHYSICIANS OF ST. JOHNS COUNTY, INC.

FILED
Feb 16, 2000 8:00 am
Secretary of State

02-16-2000 90031 007 ***150.00

Principal Place of Business
168 UNIVERSITY BLVD. N.
JACKSONVILLE FL 32211

Mailing Address
168 UNIVERSITY BLVD. N.
JACKSONVILLE FL 32211-7533

2. Principal Place of Business
400 Health Park Blvd
Suite, Apt. #, etc.

3. Mailing Address
P.O. Box 3044
Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State
St. Augustine, FL
Zip
32084
Country

City & State
St. Augustine, FL
Zip
32085
Country

4. FEI Number 59-3516942
Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent
ASBURY, LLOYD T
214 N. CLAY STREET
JACKSONVILLE FL 32202

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
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.

SIGNATURE [Signature]
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS			
TITLE	P	<input type="checkbox"/> Delete	
NAME	EDELBERG, JAY W. MD		
STREET ADDRESS	168 UNIVERSITY BLVD, N		
CITY-ST-ZIP	JACKSONVILLE FL 32211		
TITLE	D	<input type="checkbox"/> Delete	
NAME	NASCA, LEONARDO JR.M.D.		
STREET ADDRESS	299 S ROSCOE BLVD		
CITY-ST-ZIP	PONTE VEDRA BEACH FL 32082		
TITLE	D	<input type="checkbox"/> Delete	
NAME	GROBELNY, MARK M.D.		
STREET ADDRESS	5395 RIVERVIEW DRIVE		
CITY-ST-ZIP	ST AUGUSTINE FL 32084		
TITLE	D	<input type="checkbox"/> Delete	
NAME	CASTELLON, LOURDES M.D.		
STREET ADDRESS	3 BERMUDA RUN WAY		
CITY-ST-ZIP	ST AUGUSTINE FL 32084		
TITLE	D	<input type="checkbox"/> Delete	
NAME	FOSTER, JOHN M.D.		
STREET ADDRESS	1908 SEMINOLE ROAD		
CITY-ST-ZIP	ATLANTIC BEACH FL 32233		
TITLE		<input type="checkbox"/> Delete	
NAME			
STREET ADDRESS			
CITY-ST-ZIP			

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			
STREET ADDRESS			
CITY-ST-ZIP			

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: [Signature] SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Date 2/3/00 Daytime Phone # 904-819-4304

CR2E034 (9/99)