

**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Feb 03, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # P98000053050**

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



Principal Place of Business  
**400 HEALTH PARK BLVD  
SAINT AUGUSTINE, FL 32086**

Mailing Address  
**PO BOX 3044  
ST AUGUSTINE, FL 32085**

**DO NOT WRITE IN THIS SPACE**



01302006 No Chg-P CR2E034 (11/05)

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, THOMAS F  
3628 DARNELL PL.  
JACKSONVILLE, FL 32217**

**DO NOT WRITE  
IN THIS SPACE**

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

Signature, typed or printed name of registered agent and (if applicable)

(NOTE: Registered Agent signature required when reinstating)

DATE

**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**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**P  
EDELBERG, JAY W MD  
168 UNIVERSITY BLVD, N  
JACKSONVILLE, FL 32211**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**D  
GROBELNY, MARK M.D.  
5395 RIVERVIEW DRIVE  
ST AUGUSTINE, FL 32084**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

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CITY - ST - ZIP

100000418919  
02/15/06-80026-024 150.00

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone

1/31/06 914-543-0024