


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 _____ (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	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

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 02/15/06-80026-024 150.00

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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]* Date: 1/31/06 914-543-0024

SIGNATURE AND TITLE TO BE PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #