


**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 14, 2007 08:00 A
Secretary of State

DOCUMENT # P98000053050 1. Entity Name EMERGENCY PHYSICIANS OF ST. JOHNS COUNTY, INC.	
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Principal Place of Business 400 HEALTH PARK BLVD SAINT AUGUSTINE, FL 32086	Mailing Address PO BOX 3044 ST AUGUSTINE, FL 32085
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02102007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3516942	Applied For Not Applicable
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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 title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 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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02/23/07-80030-021 150.00

**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 lines empowered.

SIGNATURE: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2-10-07 904-945-3149