

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 31, 2003 8:00 am
Secretary of State

01-31-2003 90105 004 ***150.00

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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

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3516942

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

☐ CHECK HERE IF MAKING CHANGES

90014347



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ASBURY, LLOYD T
214 N. CLAY STREET
JACKSONVILLE FL 32202

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. 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, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

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

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME D
STREET ADDRESS NASCA, LEONARDO JR.M.D.
CITY-ST-ZIP 299 S ROSCOE BLVD
PONTE VEDRA BEACH FL 32082

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME D
STREET ADDRESS CASTELLON, LOURDES M.D.
CITY-ST-ZIP 3 BERMUDA RUN WAY
ST AUGUSTINE FL 32084

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME D
STREET ADDRESS FOSTER, JOHN M.D.
CITY-ST-ZIP 1908 SEMINOLE ROAD
ATLANTIC BEACH FL 32233

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/27/2003

CR2E034 (10/02)