

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 27, 2006 8:00 am
Secretary of State

01-27-2006 90040 038 ***150.00

DOCUMENT # P99000006596

1. Entity Name
HOMESTEAD EMERGENCY PHYSICIANS, INC.



Principal Place of Business
**7700 NORTH KENDALL DRIVE, SUITE 405
MIAMI, FL 33156**

Mailing Address
**7700 NORTH KENDALL DRIVE, SUITE 405
MIAMI, FL 33156**

40006837



2. Principal Place of Business
**8660 W. FLAGLER ST
Suite, Apt. #, etc.
#200**

3. Mailing Address
**8660 W. FLAGLER ST
Suite, Apt. #, etc.
#200**

01102006 Chg-P CR2E034 (11/05)

City & State
MIAMI FL

City & State
MIAMI FL

4. FEI Number
65-0902678

Applied For
Not Applicable

Zip
33144 Country
USA

Zip
33144 Country
USA

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

6. Name and Address of Current Registered Agent

**LEITMAN, LORN
7700 NORTH KENDALL DRIVE, SUITE 405
MIAMI, FL 33156**

7. Name and Address of New Registered Agent

Name
LORN LEITMAN

Street Address (P.O. Box Number is Not Acceptable)

8660 W. FLAGLER ST #200

City
MIAMI FL Zip Code
33144

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, 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
**D NATEMAN, DAVID R
2851 SEMINOLE DRIVE
COCONUT GROVE, FL 33133** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

TITLE ☐ Change ☐ Addition

TITLE ☐ Change ☐ Addition

TITLE ☐ Change ☐ Addition

TITLE ☐ Change ☐ Addition

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 #

1/24/06 315-227-5776