


FILED
Jul 28, 2003 8:00 am
Secretary of State

07-10-2003 90109 028 ***150.00
07-28-2003 90151 033 ***400.00

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

7/1

DOCUMENT # P99000064271					
1. Entity Name CITRUS EMERGENCY SERVICES, P. A.					
Principal Place of Business 2723 HIGHWAY 44 WEST INVERNESS FL 34453-3729			Mailing Address 2723 HIGHWAY 44 WEST INVERNESS FL 34453-3729		
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 59-3588084				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
ARRINGTON, ROBERT R M.D. 2723 HIGHWAY 44 WEST INVERNESS FL 34453-3729			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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
FILE NOW!!! FEE IS \$550.00 After September 10, 2003 Fee will be \$750.00 Make Check Payable to Florida Department of State					
9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees					
10. OFFICERS AND DIRECTORS					
TITLE	P <input type="checkbox"/> Delete				
NAME	ARRINGTON MD, ROBERT R				
STREET ADDRESS	828 INVERIE DRIVE				
CITY-ST-ZIP	INVERNESS FL 34453				
TITLE	S <input type="checkbox"/> Delete				
NAME	BERNHART, WILLIAM R M.D.				
STREET ADDRESS	7810 COW CAMP LANE				
CITY-ST-ZIP	SARASOTA FL 34240				
TITLE	VP <input type="checkbox"/> Delete				
NAME	JEAN, PATRICK R M.D.				
STREET ADDRESS	3198 CR 575				
CITY-ST-ZIP	BUSHNELL FL 33513				
TITLE	T <input type="checkbox"/> Delete				
NAME	FREDRICK, BRYAN D M.D.				
STREET ADDRESS	1389 S. WATERVIEW DRIVE				
CITY-ST-ZIP	INVERNESS FL 34450				
TITLE	<input type="checkbox"/> Delete				
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
TITLE	<input type="checkbox"/> Delete				
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11					
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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: Robert R Arrington, M.D. _____ ROBERT R ARRINGTON, M.D.					
7-8-03 352-341-3501					