04/30/2001 MON 08:11 FAX

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**
**May 22, 2001 8:00 am**
**Secretary of State**
05-22-2001 90063 032 ***150.00

DOCUMENT # P99000105324

1. Entity Name

EMERGENCY PHYSICIAN SPECIALISTS, INC.

| Principal Place of Business | Mailing Address |
|---|---|
| 453 NO. KIRKMAN ROAD<br>SUITE 203<br>ORLANDO FL 32811 | 453 NO. KIRKMAN ROAD<br>SUITE 203<br>ORLANDO FL 32811 |

[redacted]

DO NOT WRITE IN THIS SPACE

| 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 59-3612278 ☐ Applied For ☐ Not Applicable

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

| 6. Name and Address of Current Registered Agent | 7. Name and Address of New Registered Agent |
|---|---|
| CAMBO, JORGE<br>453 NO. KIRKMAN ROAD<br>SUITE 203<br>ORLANDO FL 32811 | Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>550 US Hwy 27 N<br>City DAVENPORT FL Zip Code 33837 |

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.

SIGNATURE: X [signature] JORGE L. CAMBO, MD DATE

Signature (typed or printed) of registered agent and title if applicable (NOTE: Registered Agent signature required when required)

9. This corporation is electing to satisfy its intangible Tax filing requirement and elects to do so (See criteria on back) ☐

FILE NOW: FEE IS $150.00
After MAY 1, 2001, Fee will be $550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

| 11. OFFICERS AND DIRECTORS | | 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
|---|---|---|---|
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | PTD<br>CAMBO, JORGE<br>453 NO. KIRKMAN ROAD, SUITE 203<br>ORLANDO FL 32811 ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | VSD<br>MCHALE, MICHAEL<br>453 NO. KIRKMAN ROAD, SUITE 203<br>ORLANDO FL 32811 ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | VD<br>LINDSEY, JACQUELINE<br>453 NO. KIRKMAN ROAD, SUITE 203<br>ORLANDO FL 32811 ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | VD<br>BOYER, MICHAEL<br>453 NO. KIRKMAN ROAD, SUITE 203<br>ORLANDO FL 32811 ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ Change ☐ Addition |

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: X [signature] JORGE L. CAMBO MD. APR 20 2001 (407) 740-0807

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #