

2005 FOR PROFIT CORPORATION
ANNUAL REPORT

FILED
Mar 21, 2005 8:00 am
Secretary of State

03-21-2005 90077 007 ***150.00

DOCUMENT # P99000105324

1. Entity Name
EMERGENCY PHYSICIAN SPECIALISTS, INC.



Principal Place of Business
2231 NORTH BLVD WEST
DAVENPORT, FL 33837

Mailing Address
2231 NORTH BLVD WEST
DAVENPORT, FL 33837

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

03102005

Chg-P

CR2E034 (10/03)

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
550 US HWY 27 NORTH
DAVENPORT, FL 33837

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 reinitiating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PTD	<input type="checkbox"/> Delete
NAME	CAMBO, JORGE	
STREET ADDRESS	453 NO. KIRKMAN ROAD, SUITE 203	
CITY-ST-ZIP	ORLANDO, FL 32811	
TITLE	VSD	<input type="checkbox"/> Delete
NAME	MCHALE, MICHAEL	
STREET ADDRESS	453 NO. KIRKMAN ROAD, SUITE 203	
CITY-ST-ZIP	ORLANDO, FL 32811	
TITLE	VD	<input type="checkbox"/> Delete
NAME	LINDSEY, JACQUELINE	
STREET ADDRESS	453 NO. KIRKMAN ROAD, SUITE 203	
CITY-ST-ZIP	ORLANDO, FL 32811	
TITLE	VD	<input type="checkbox"/> Delete
NAME	BOYER, MICHAEL	
STREET ADDRESS	453 NO. KIRKMAN ROAD, SUITE 203	
CITY-ST-ZIP	ORLANDO, FL 32811	
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	PTD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Cambo, Jorge	
STREET ADDRESS	2231 North Blvd. West	
CITY-ST-ZIP	DAVENPORT, FL 33837	
TITLE	VSD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	mchale, Michael	
STREET ADDRESS	2231 North Blvd. West	
CITY-ST-ZIP	DAVENPORT, FL 33837	
TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Lindsey, Jacqueline	
STREET ADDRESS	2231 North Boulevard West	
CITY-ST-ZIP	DAVENPORT, FL 33837	
TITLE	VD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Boyer, Michael	
STREET ADDRESS	2231 North Boulevard West	
CITY-ST-ZIP	DAVENPORT, FL 33837	
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/10/05

Date

863-419-1957

Daytime Phone #