2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 28, 2006 08:00 AM
Secretary of State

DOCUMENT # P99000105324

1. Entity Name
EMERGENCY PHYSICIAN SPECIALISTS, INC.

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

DO NOT WRITE IN THIS SPACE

03142006 No Chg-P CR2E034 (11/05)

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

CAMBO, JORGE
550 US HWY 27 NORTH
DAVENPORT, FL 33837

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

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	PTD
NAME	CAMBO, JORGE
STREET ADDRESS	2231 NORTH BLVD WEST
CITY-ST-ZIP	DAVENPORT, FL 33837
TITLE	VSD
NAME	MCHALE, MICHAEL
STREET ADDRESS	2231 NORTH BLVD WEST
CITY-ST-ZIP	DAVENPORT, FL 33837
TITLE	VD
NAME	LINDSEY, JACQUELINE
STREET ADDRESS	2231 NORTH BLVD WEST
CITY-ST-ZIP	ORLANDO, FL 32837
TITLE	VD
NAME	BOYER, MICHAEL
STREET ADDRESS	2231 NORTH BLVD WEST
CITY-ST-ZIP	DAYTONA BEACH, FL 32118
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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04/11/06-80119-003 150.00

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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: _____ 3/20/06 407-390-1677
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #