

2007 FOR PROFIT CORPORATION
ANNUAL REPORT

FILED
Jan 25, 2007 08:00 AM
Secretary of State

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**



01182007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3612278	Applied For <input type="checkbox"/>
5. Certificate of Status Desired <input type="checkbox"/>	Not Applicable <input type="checkbox"/>

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

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

**DO NOT WRITE
IN THIS SPACE**

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 _____
Signature, typed or printed name of registered agent and title if applicable

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 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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**DO NOT WRITE
IN THIS SPACE**

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

1-23-07

Date

Daytime Phone #