

2008 FOR PROFIT CORPORATION ANNUAL REPORT

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

08 APR 30 AM 8:15



01302008 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

DO NOT WRITE IN THIS SPACE

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PTD
CAMBO, JORGE
2231 NORTH BLVD WEST
DAVENPORT, FL 33837

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VSD
MCHALE, MICHAEL
2231 NORTH BLVD WEST
DAVENPORT, FL 33837

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VD
LINDSEY, JACQUELINE
2231 NORTH BLVD WEST
ORLANDO, FL 32837

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VD
BOYER, MICHAEL
2231 NORTH BLVD WEST
DAYTONA BEACH, FL 32118

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

400129456934
05/14/08--01024--009 **288.75

**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

Date

Daytime Phone #

4/8/08

407-390-1677

5/10