

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# S10788

FILED
Jan 24, 2006
Secretary of State

Entity Name: SOUTHWEST FLORIDA EMERGENCY PHYSICIANS, P.A.

Current Principal Place of Business:

1343 TWIN PALM DR
FORT MYERS, FL 339191642 US

New Principal Place of Business:

Current Mailing Address:

1343 TWIN PALM DR
FORT MYERS, FL 339191642 US

New Mailing Address:

FEI Number: 65-0223781

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HOBBS, LARRY A. M.D.
12717 BREWSTER DRIVE
FORT MYERS, FL 33908 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: HOBBS, LARRY A. MD,
Address: 12717 BREWSTER DR
City-St-Zip: FT. MYERS, FL 33908

Title: T () Delete
Name: NORTHUP, CHARLES M MD
Address: 1343 TWIN PALM DRIVE
City-St-Zip: FT. MYERS, FL 33919

Title: S () Delete
Name: SCHAAR, THOMAS L. MD,
Address: 1318 GASPARILLA DRIVE
City-St-Zip: FORT MYERS, FL 33901

Title: VP () Delete
Name: BELLEW, JOHN D.O.,
Address: 11923 ISLAND AVENUE
City-St-Zip: MATLACHA, FL 33993

Title: VP () Delete
Name: JOHNSON, THOMAS B. M., .D.
Address: 4824 SW 3RD AVENUE
City-St-Zip: CAPE CORAL, FL 33914

Title: VP () Delete
Name: PHELPS, DWIGHT S. M., D.
Address: 5410 HARBORAGE DRIVE
City-St-Zip: FORT MYERS, FL 33908

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: S (X) Change () Addition
Name: SCHAAR, THOMAS L MD
Address: 1318 GASPARILLA DRIVE
City-St-Zip: FORT MYERS, FL 33901

Title: VP (X) Change () Addition
Name: BELLEW, JOHN H DO
Address: 11923 ISLAND AVENUE
City-St-Zip: MATLACHA, FL 33993

Title: VP (X) Change () Addition
Name: JOHNSON, THOMAS B MD
Address: 4824 SW 3RD AVENUE
City-St-Zip: CAPE CORAL, FL 33914

Title: VP (X) Change () Addition
Name: PHELPS, DWIGHT S MD
Address: 5410 HARBORAGE DRIVE
City-St-Zip: FORT MYERS, FL 33908

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CHARLES M. NORTHUP, MD

T

01/24/2006

Electronic Signature of Signing Officer or Director

Date