

2007 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED

2007 OCT -1 PM 4:26

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



09262007 Chg-P CR2E034 (12/06)

DOCUMENT # S10788					
1. Entity Name SOUTHWEST FLORIDA EMERGENCY PHYSICIANS, P.A.					
Principal Place of Business 1343 TWIN PALM DR FORT MYERS, FL 33919-1642 US			Mailing Address 1343 TWIN PALM DR FORT MYERS, FL 33919-1642 US		
2. Principal Place of Business - No P.O. Box #			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 65-0223781	
				Applied For Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent HOBBS, LARRY A. M.D. 12717 BREWSTER DRIVE FORT MYERS, FL 33908				7. Name and Address of New Registered Agent 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
Amended AR is \$61.25		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P HOBBS, LARRY A. MD 12717 BREWSTER DR FT. MYERS, FL 33908	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Walter A. Simmons DO 9659 Pineapple Preserve Court Fort Myers, FL 33908	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T NORTHUP, CHARLES M MD 1343 TWIN PALM DRIVE FT. MYERS, FL 33919	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	800110518618 10/09/07--01016--014 **\$61.25	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S SCHAAR, THOMAS L MD 1318 GASPARILLA DRIVE FORT MYERS, FL 33901	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP BELLEW, JOHN H DO 11923 ISLAND AVENUE MATLACHA, FL 33993	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP JOHNSON, THOMAS B MD 6423 COCOS DRIVE FORT MYERS, FL 33908	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP PHELPS, DWIGHT S MD 5410 HARBORAGE DRIVE FORT MYERS, FL 33908	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: <i>Charles M Northup, MD</i>			9/27/07 (239) 939-0084		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		