

2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# S10788

FILED
Feb 18, 2011
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

OFFICERS AND DIRECTORS:

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

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

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

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

Title: VP
Name: JOHNSON, THOMAS B MD
Address: 6423 COCOS DRIVE
City-St-Zip: FORT MYERS, FL 33908

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

I hereby 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 all other like empowered.

SIGNATURE: CHARLES M. NORTHUP

T

02/18/2011

Electronic Signature of Signing Officer or Director

Date

S10788
2-18-11

2011 FOR PROFIT CORPORATION ANNUAL REPORT - ATTACHMENT

03/02/2011

SOUTHWEST FLORIDA EMERGENCY PHYSICIAN, P.A.

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Additional Corporate Officers/Directors **Page 2**

Officer/Director Name And Address

Name And Address #7

| | |
|--------------------|-----------------------|
| Title | VP |
| Name | Simmons, Walter R. DO |
| Street Address | 9659 Pineapple Court |
| City, State | Fort Myers, FL |
| Zip Code & Country | 33908 |

Name And Address #8

| | |
|--------------------|-----------------------|
| Title | VP |
| Name | Sharkey, Robert G. MD |
| Street Address | 6400 Griffin Blvd. |
| City, State | Fort Myers, FL |
| Zip Code & Country | 33908 |

Name And Address #9

| | |
|--------------------|----------------------------|
| Title | VP |
| Name | Bartholomew, Randall J. MD |
| Street Address | 413 SE 6th Street |
| City, State | Cape Coral, FL |
| Zip Code & Country | 33990 |

Name And Address #10

| | |
|--------------------|--------------------------|
| Title | VP |
| Name | Machevan, Claudio E. MD |
| Street Address | 25402 Galashields Circle |
| City, State | Bonita Springs, FL |
| Zip Code & Country | 34134 |

Name And Address #11

| | |
|--------------------|-----------------------|
| Title | VP |
| Name | Reed, Karen B. MD |
| Street Address | 11991 Rosemount Drive |
| City, State | Fort Myers, FL |
| Zip Code & Country | 33913 |