

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# S10788

FILED  
Feb 10, 2012  
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

02/10/2012

Electronic Signature of Signing Officer or Director

Date

**2012 FOR PROFIT CORPORATION ANNUAL REPORT - ATTACHMENT**

02/10/2012

**SOUTHWEST FLORIDA EMERGENCY PHYSICIAN, P.A.**

S10788

**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	Hewitt, David M. MD
Street Address	12361 Shoreview Dr.
City, State	Matlacha, FL
Zip Code & Country	33993

**Name And Address #11**

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

**Name And Address #12**

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