FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **S13810** **(4)**

1. Corporation Name

SOUTH GULF COAST EMERGENCY PHYSICIANS, P.A.

Principal Place of Business	Mailing Address
18211 DEEP PASSAGE LANE FT. MYERS BEACH FL 33931	18211 DEEP PASSAGE LANE FT. MYERS BEACH FL 33931

2. Principal Place of Business 21	2a. Mailing Address 26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip / Country 24 / 25	Zip / Country 29 / 30

3. Date Incorporated or Qualified: **11/16/1990**
3a. Date of Last Report: **03/16/1995**
4. FEI Number: **65-0225813** ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

SCHAAR, THOMAS L., M.D.
18211 DEEP PASSAGE LANE
FT. MYERS BEACH 33931

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE (Signature of New Registered Agent, if changing) (Name of New Registered Agent, if changing) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PT SCHAAR, THOMAS L., M.D. 18211 DEEP PASSAGE LANE FT. MYERS BEACH FL 33931 ☐ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	Please See Attached Sheet. ☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP	☐ Change ☐ Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: [signature] 4-29-96 941-466-2699
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone Number

CR2E034 (12/95)

THE FOLLOWING ARE ADDITIONAL VICE PRESIDENTS OF SOUTH GULF COAST EMERGENCY PHYSICIANS, P.A.:

V DANIEL BOOTH, M.D.
2811 SE 22ND PLACE
CAPE CORAL, FL 33904

V = Vice President

V JOHN GAVIN, M.D.
P.O. BOX 60572
FT. MYERS, FL 33906

N/A

V CLAUDIO MACHEVAN, M.D.
7515 PELICAN BAY BLVD #6-B
NAPLES, FL 33963

V KAREN REED, M.D.
11390 BENT PINE DRIVE
FT. MYERS, FL 33913

V GARY SINGER, D.O.
13730 LONG LAKE LANE
PORT CHARLOTTE, FL 33953

V LYNN KUTSCHE, M.D.
3461 THORNBURY LANE
BONITA SPRINGS, FL 33923

V MYRIAN ALEA, M.D.
15216 BAHIA COURT
FORT MYERS, FL 33908

V OSCAR ALEA, M.D.
15216 BAHIA COURT
FORT MYERS, FL 33908

V DENNIS HERNANDEZ, M.D.
540 CARILLON PARKWAY APT 1103
ST. PETE, FL 33716

V ROBERT SCAPPA, D.O.
2835 WINKLER AVE., #204
FORT MYERS, FL 33916

4-28-96