

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Mar 16, 1999 8:00 am
Secretary of State

03-16-1999 90135 009 ***150.00

DOCUMENT # **S13810**

1. Corporation Name

SOUTH GULF COAST EMERGENCY PHYSICIANS, P.A.



Principal Place of Business

**18211 DEEP PASSAGE LANE
FT. MYERS BEACH FL 33901**

Mailing Address

**18211 DEEP PASSAGE LANE
FT. MYERS BEACH FL 33901**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

11/16/1990

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 owes the current year Intangible
Personal Property Tax

☒ Yes ☐ No

2. Principal Place of Business

21

Suite, Apt. #, etc.

1318 Gasparilla Drive

City & State

Fort Myers, FL

Zip

33901

Country

2a. Mailing Address

26

Suite, Apt. #, etc.

1318 Gasparilla Drive

City & State

Fort Myers, FL

Zip

33901

Country

9. Name and Address of Current Registered Agent

**SCHAAR, THOMAS L. M.D.
18211 DEEP PASSAGE LANE
FT. MYERS BEACH 33901**

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

1318 Gasparilla Drive

83

84 City

Fort Myers

FL

85 Zip Code

33901

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, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent's signature required when constituting)

DATE

12. OFFICERS AND DIRECTORS

TITLE	PT	<input type="checkbox"/> DELETE
NAME	SCHAAR, THOMAS L. M.D.	
STREET ADDRESS	18211 DEEP PASSAGE LANE	
CITY-ST-ZIP	FT. MYERS BEACH FL	
TITLE	KAREN REED, MD VP	<input type="checkbox"/> DELETE
NAME	KAREN REED, MD	
STREET ADDRESS	11991 Rosemount Dr	
CITY-ST-ZIP	FT. MYERS, FL 33913	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	Daniel Booth, MD	
STREET ADDRESS	2811 SE 22nd Place	
CITY-ST-ZIP	CAPE CORAL, FL 33904	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	Claudio Macheven	
STREET ADDRESS	25402 GALASHIELS Circle	
CITY-ST-ZIP	BOVITA SPRINGS, FL 34139	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	Andrew Shuter	
STREET ADDRESS	404 CONNORS AVE	
CITY-ST-ZIP	NAPLES, FL 34108	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	AISA, Myriam, MD	
STREET ADDRESS	15216 Bahia Ct	
CITY-ST-ZIP	FT. MYERS, FL 33908	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2. NAME	
3. STREET ADDRESS	1318 Gasparilla Drive
4. CITY-ST-ZIP	Fort Myers, FL 33901
5. TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6. NAME	JOHN GAVIN, MD
7. STREET ADDRESS	1349 Cheloni Lane
8. CITY-ST-ZIP	FT. MYERS, FL 33919
9. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
10. NAME	ALAN, OSCAR
11. STREET ADDRESS	15216 Bahia Ct
12. CITY-ST-ZIP	FT. MYERS, FL 33908
13. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
14. NAME	Desiree Spehn-Roland, MD
15. STREET ADDRESS	200 VISTA LN
16. CITY-ST-ZIP	NAPLES, FL 34119
17. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
18. NAME	Robert Scappa, MD
19. STREET ADDRESS	2524 SE 19th Place
20. CITY-ST-ZIP	CAPE CORAL, FL 33904
21. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22. NAME	Lynn Kutsche, MD
23. STREET ADDRESS	3461 THORNBURY LANE
24. CITY-ST-ZIP	BOVITA SPRINGS, FL 34134

14. I hereby certify that the information supplied with this filing 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, with all other like empowered

SIGNATURE: *Thomas L. Schaar*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

THOMAS L. SCHAAR, MD

Date

3-13-99

(941) 332-8699

Daytime Phone #

CR2E034 (1/1/98)