## **2000 UNIFORM BUSINESS REPORT (UBR)**

## FILED DOCUMENT # \$13810 Jun 08, 2000 8:00 am **Secretary of State** SOUTH GULF COAST EMERGENCY PHYSICIANS, P.A. 06-08-2000 90023 032 \*\*\*150.00 Mailing Address Principal Place of Business 1318 GASARILLA DR 1318 GASARILLA DR FT MYERS FL 33901 FT MYERS FL 33901 US HS 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State Applied For City & State 4. FEI Number 65-0225813 Not Applicable Zip Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent -7. Name and Address of New Registered Agent Name SCHAAR, THOMAS L., M.D. Street Address (P.O. Box Number is Not Acceptable) 1318 GASPARILLA DR FT MYERS FL 33901 Zip Code FL 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. SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) 🐉 🖓 😁 🔭 🦮 🔲 Make Check Payable to Department of State OFFICERS AND DIRECTORS 11. 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 PT 1877年 主题图 2019 ☐ Addition ☐ Delete ☐ Change TITLE TITLE SCHAAR, THOMAS L., M.D. NAME STREET ADDRESS 1318 GASPARILLA DR STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP FT MYERS FL 33901 TITLE TITLE ☐ Change Addition Delete GAVIN, JOHN MD NAME NAME STREET ADDRESS 1349 CHALON LANE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP FT MYERS FL 33919 Change ☐ Addition Delete TID F TITLE OSCAR, ALEA NAME NAME STREET ADDRESS STREET ADDRESS **15216 BAHIA CT** CITY-ST-ZIP CITY-ST-7IP FT MYERS FL 33908 (X) Change Addition ☐ Delete TITLE TITLE SPEN-ROLAND, DESIMEE MD. NAME NAME Spehn-Roland, Desiree 200 VISTA LN STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP NAPLES FL 34119 وأجرأنا فسناء **XX** Change ☐ Delete Addition KATSCHE, LYNN-MD NAME NAME Kutsche, Lynn STREET ADDRESS STREET ADDRESS 3461 THORNBURY LANE CITY-ST-ZIP CITY-ST-ZIP **BONITA SPRINGS FL 34134** XX Addition Delete TITLE ☐ Change TITLE Bellew, John H. NAME NAME STREET ADDRESS 11923 Island Avenue STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Matlacha, Florida 33993

13. 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 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

THOMAS L SCHARZ, MI

## 2000 UNIFORM BUSINESS REPORT (UBR) attachment 851390 **DOCUMENT # S13810** 1. Entity Name SOUTH GULF COAST EMERGENCY PHYSICIANS, P.A. Mailing Address Principal Place of Business 1318 GASARILLA DR 1318 GASARILLA DR FT MYERS FL 33901 FT MYERS FL 33901 US US 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For 4. FEI Number City & State 65-0225813 City & State Not Applicable \$8.75 Additional Country Ziρ Country 5. Certificate of Status Desired Zip Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) SCHAAR, THOMAS L., M.D. 1318 GASPARILLA DR FT MYERS FL 33901 Zin Code City 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. SIGNATURE (NOTE: Registered Agent signature required when reinstating) DATE Signature, typed or printed name of registered agent and little if applicable. FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000, Fee will be \$550.00 Added to Fees Tax filing requirement and elects to do so. Trust Fund Contribution. Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. OFFICERS AND DIRECTORS 11. [7] Change XX Additio TITLE ☐ Delete TITLE NAME NAME Booth, Daniel STREET ADDRESS STREET ADDRESS 2811 S.E. 22nd Place CITY-ST-ZIP CITY-ST-ZIP Cape Coral, FL XX Additio ☐ Change ☐ Delete TITLE TITLE NAME Machevan, Claudia NAME STREET ADDRESS 25402 Gelashields Circle STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP <u>Bonita Springs, FL 34134</u> XX Additio ☐ Change TITI F Delete TITLE VP. NAME NAME Litvinas, Lee STREET ADDRESS STREET ADDRESS 1250 Florida Avenue CITY-ST-7IP CITY-ST-ZIP <u>Fort Myers, FL 33901</u> ☐ Change XX Addition TITLE ☐ Delete TITLE ۷P NAME NAME Reed, Karen Bay STREET ADDRESS STREET ADDRESS 11991 Rosemount Drive CITY-ST-ZIP CITY-ST-ZIP Fort Myers, FL 33913 Change Additi ☐ Delete TITLE TITLE NAME NAME Scappa, Robert STREET ADDRESS STREET ADDRESS 2529 S.E. 19th Place CITY-ST-ZIP CITY-ST-ZIP Cape Coral, FL 33904 XX Additi Change ☐ Delete TITLE TITLE NAME NAME Alea, Myrian Mercedes Alea, my. ... 15216 Bahia Court 15216 Bahia Court STREET ADDRESS STREET ADDRESS

13. 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 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 11 or Block 12 changed, or on an attachment with an address, with all other like empowered. Tromas ( Schan 5-1-200 KN SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CITY-ST-ZIP

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## 95139D 2000 UNIFORM BUSINESS REPORT (UBR) **DOCUMENT # \$13810** 1. Entity Name SOUTH GULF COAST EMERGENCY PHYSICIANS, P.A. Mailing Address Principal Place of Business 1318 GASARILLA DR GASARILLA DR FI MYERS FL 33901 FT MYERS FL 33901 3. Mailing Address 2. Principal Place of Business WHICH WANT Y DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For 4. FEI Number City & State 65-0225813 City & State Not Applicable \$8.75 Additional Country Zip Country 5. Certificate of Status Desired Zip Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) SCHAAR, THOMAS L., M.D. 1318 GASPARILLA DR FT MYERS FL 33901 Zip Code FI. 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 SIGNATURE DATE (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable. FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing 9. This corporation is eligible to satisfy its Intangible \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Added to Fees Trust Fund Contribution. Tax filing requirement and elects to do so. Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11. 12. OFFICERS AND DIRECTORS 11. ☐ Change TITLE ☐ Delete TITLE NAME Villegas, Henry STREET ADDRESS STREET ADDRESS 14711 S.W. 112th Miami, FL 33196 Terrace CITY-ST-ZIP CITY-ST-ZIP ☐ Change X Addition ☐ Delete TITLE NAME NAME Cantilli, Loretta STREET ADDRESS STREET ADDRESS 15581 Grand Cay Circle, #3301 CITY-ST-ZIP CITY-ST-ZIP Fort Myers, FL 33908 Maritippy [X] ☐ Change TITLE ☐ Delete TITLE **VP** NAME NAME Hobbs, Larry 12717 Brewster Drive STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Fort Myers, FL 33908 Addition TITLE Delete NAME Hill, DONALD NAME 6360 ARAGON WAY STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS

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CITY-ST-ZIP

SIGNATURE: 4

CITY-ST-ZIP

THOMAS L SCHAAR, MA