

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # S13810

1. Entity Name

SOUTH GULF COAST EMERGENCY PHYSICIANS, P.A.

**FILED**  
**Jun 08, 2000 8:00 am**  
**Secretary of State**

06-08-2000 90023 032 \*\*\*150.00

Principal Place of Business

1318 GASARILLA DR  
FT MYERS FL 33901  
US

Mailing Address

1318 GASARILLA DR  
FT MYERS FL 33901  
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0225813

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SCHAAR, THOMAS L, M.D.  
1318 GASPARILLA DR  
FT MYERS FL 33901

Name

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

City

FL

Zip Code

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)

DATE

9. This corporation is eligible to satisfy its Intangible  
Tax filing requirement and elects to do so.  
(See criteria on back) ☐

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2000 Fee will be \$550.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PT	<input type="checkbox"/> Delete
NAME	SCHAAR, THOMAS L, M.D.	
STREET ADDRESS	1318 GASPARILLA DR	
CITY-ST-ZIP	FT MYERS FL 33901	
TITLE	VP	<input checked="" type="checkbox"/> Delete
NAME	GAVIN, JOHN MD	
STREET ADDRESS	1349 CHALON LANE	
CITY-ST-ZIP	FT MYERS FL 33919	
TITLE	VP	<input type="checkbox"/> Delete
NAME	OSCAR, ALEA	
STREET ADDRESS	15216 BAHIA CT	
CITY-ST-ZIP	FT MYERS FL 33908	
TITLE	VP	<input type="checkbox"/> Delete
NAME	SPEN-ROLAND, DESIMEE MD-	
STREET ADDRESS	200 VISTA LN	
CITY-ST-ZIP	NAPLES FL 34119	
TITLE	VP	<input type="checkbox"/> Delete
NAME	KATSCHKE, LYNN MD	
STREET ADDRESS	3461 THORNBURY LANE	
CITY-ST-ZIP	BONITA SPRINGS FL 34134	
TITLE	VP	<input type="checkbox"/> Delete
NAME	Bellew, John H.	
STREET ADDRESS	11923 Island Avenue	
CITY-ST-ZIP	Matlacha, Florida 33993	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Spehn-Roland, Desiree	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Kutsche, Lynn	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CF2E034 ( / 9)

# 2000 UNIFORM BUSINESS REPORT (UBR)

Attachment

851390

DOCUMENT # S13810

1. Entity Name.

SOUTH GULF COAST EMERGENCY PHYSICIANS, P.A.

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**Make Check Payable to Department of State**

10. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	VP	<input type="checkbox"/> Delete
NAME	Booth, Daniel	
STREET ADDRESS	2811 S.E. 22nd Place	
CITY-ST-ZIP	Cape Coral, FL 33904	
TITLE	VP	<input type="checkbox"/> Delete
NAME	Machevan, Claudia	
STREET ADDRESS	25402 Gelashields Circle	
CITY-ST-ZIP	Bonita Springs, FL 34134	
TITLE	VP	<input type="checkbox"/> Delete
NAME	Litvinas, Lee	
STREET ADDRESS	1250 Florida Avenue	
CITY-ST-ZIP	Fort Myers, FL 33901	
TITLE	VP	<input type="checkbox"/> Delete
NAME	Reed, Karen Bay	
STREET ADDRESS	11991 Rosemount Drive	
CITY-ST-ZIP	Fort Myers, FL 33913	
TITLE	VP	<input type="checkbox"/> Delete
NAME	Scappa, Robert	
STREET ADDRESS	2529 S.E. 19th Place	
CITY-ST-ZIP	Cape Coral, FL 33904	
TITLE	VP	<input type="checkbox"/> Delete
NAME	Alea, Myrian Mercedes	
STREET ADDRESS	15216 Bahia Court	
CITY-ST-ZIP	Fort Myers, FL 33908	

TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

my

Date

Daytime Phone #

5-1-2000

941-332-8699

# 2000 UNIFORM BUSINESS REPORT (UBR)

attachment

851390

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Added to Fees

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TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP Villegas, Henry 14711 S.W. 112th Terrace Miami, FL 33196	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VVP Cantilli, Loretta 15581 Grand Cay Circle, #3301 Fort Myers, FL 33908	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP Hobbs, Larry 12717 Brewster Drive Fort Myers, FL 33908	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP Hill, DONALD 6360 ARAGON WAY #202 FT. MYERS, FL 33912	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

THOMAS L SCHAAR, MD

Date

Daytime Phone #

5-7-2000

941-332-8699