

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # S13810

1. Entity Name

SOUTH GULF COAST EMERGENCY PHYSICIANS, P.A.

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

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

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, 2001 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

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	OSCAR, ALEX	
STREET ADDRESS	15216 BAHIA CT	
CITY-ST-ZIP	FT MYERS FL 33908	
TITLE	VP	<input type="checkbox"/> Delete
NAME	SPEHN-ROLAND, DESIREE	
STREET ADDRESS	200 VISTA LN 8150 LOWBAND DR	
CITY-ST-ZIP	NAPLES FL 34110 34109	
TITLE	VP	<input type="checkbox"/> Delete
NAME	KUTSCHE, LYNN	
STREET ADDRESS	3461 THORNBURY LANE 3651 KEYLINE CT	
CITY-ST-ZIP	BONITA SPRINGS FL 34134	
TITLE	VP	<input type="checkbox"/> Delete
NAME	Booth, Daniel	
STREET ADDRESS	2811 SE 22ND PLACE	
CITY-ST-ZIP	CAPE CORAL, FL 33904	
TITLE	V.P.	<input type="checkbox"/> Delete
NAME	1711, DENALD	
STREET ADDRESS	1042 CLARELLAN DR.	
CITY-ST-ZIP	Fort Myers, FL 33919	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	REED, KAREN	
STREET ADDRESS	11991 ROSEMOUNT DR	
CITY-ST-ZIP	Fort Myers, FL 33913	
TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MACHEVAN, Claudio	
STREET ADDRESS	25402 GALASHIELDS CR	
CITY-ST-ZIP	BONITA SPRINGS, FL 34134	
TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Alex, Myrian	
STREET ADDRESS	15216 BAHIA CT	
CITY-ST-ZIP	Fort Myers, FL	
TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	LITVINAS, LEE	
STREET ADDRESS	1250 FLORIDA AVENUE	
CITY-ST-ZIP	Fort Myers, FL 33901	
TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CANTILLI, LORETTA	
STREET ADDRESS	15581 GRAND CAY CIRCLE #3301	
CITY-ST-ZIP	Fort Myers, FL 33908	
TITLE		<input type="checkbox"/> Change <input 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:

*Thomas L Schaar*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

THOMAS L SCHAAR

Date

Daytime Phone #

**FILED**  
**May 01, 2001 8:00 am**  
**Secretary of State**

05-01-2001 90075 017 \*\*\*150.00



DO NOT WRITE IN THIS SPACE

CR2E034 (10/00)