

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 24, 2002 8:00 am**  
**Secretary of State**

05-24-2002 91297 001 \*\*\*150.00

**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

**1318 Gasparilla Drive**

Suite, Apt. #, etc.

3. Mailing Address

**1318 Gasparilla Drive**

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

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, 2002 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 NAME STREET ADDRESS CITY-ST-ZIP	PT SCHAAR, THOMAS L., M.D. 1318 GASPARILLA DR FT MYERS FL 33901	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP OSCAR, ALEQ 15216 BAHIA CT FT MYERS FL 33908	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP SPEHN-ROLAND, DESIREE 8150 LOWBAND DR NAPLES FL 34109	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP KUTSCHE, LYNN 3851 KEY LIME CT BONITA SPRINGS FL 34134	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP BOOTH, DANIEL 2811 SE 22ND PLACE CAPE CORAL FL 33904	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP HILL, DONALD 1042 CLARELLEN DR FORT MYERS FL 33919	<input checked="" type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP Machevan, Claudio 25402 Galashields Circle Bonita Springs FL 34134-1908	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP Reed, Karen 11991 Rosemount Dr. FT MYERS FL 33919	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP Spehn-Roland, Desiree 8150 Lowband Drive Naples FL 34109	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP Kutsche, Lynn 1928 Fox Court Wellington FL 33414	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP Booth, Daniel 525 Northcreek Drive Durham NC 27707	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP Cantilli, Loretta 14581 Grand Cay Circle #3301 FT MYERS FL 33908	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition

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 #

*Thomas L. Schaar* **THOMAS L. SCHAAR, MD** 4-29-2002 941-332-8699

CR2E034 (9/01)

Attachment # 513810 / 863300

Board Of Directors Continued

Title	VP	<u>Addition</u>
Name	Alea, Myrian	
Street Address	15216 Bahia Court	
City-St-Zip	Ft. Myers, FL 33908	

Title	VP	<u>Addition</u>
Name	Caschette, Joel	
Street Address	13601 Park Crest Blvd. #1337	
City-St-Zip	Ft. Myers, FL 33912	

Title	VP	<u>Deletion</u>
Name	Litvinas, Lee	
Street Address	1577 Monocan Trail Road	
City-St-Zip	Charlottesville, VA 22903	

 4/25/2002