

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # S13810

1. Entity Name
SOUTH GULF COAST EMERGENCY PHYSICIANS, P.A.



Principal Place of Business
**1318 GASPARILLA DR
FT MYERS, FL 33901 US**

Mailing Address
**1318 GASPARILLA DR
FT MYERS, FL 33901 US**

DO NOT WRITE IN THIS SPACE

**FILED
May 05, 2004 8:00 am
Secretary of State**

05-05-2004 90198 026 ***150.00



04162004 No Chg-P CR2E034 (10/03)

4. FEI Number 65-0225813	Applied For <input type="checkbox"/>
Not Applicable	

5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent

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

**DO NOT WRITE
IN THIS SPACE**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution

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

10. OFFICERS AND DIRECTORS

**TITLE: PST
NAME: SCHAAR, THOMAS L., M.D.
STREET ADDRESS: 1318 GASPARILLA DR
CITY-ST-ZIP: FT MYERS, FL 33901**

**TITLE: VP
NAME: MACHEVAN, CLAUDIO
STREET ADDRESS: 25402 GALASHIELDS CIR
CITY-ST-ZIP: BONITA SPRINGS, FL 341341968**

**TITLE: VP
NAME: SPEHN-ROLAND, DESIREE
STREET ADDRESS: 8150 LOWBAND DR
CITY-ST-ZIP: NAPLES, FL 34109**

**TITLE: VP
NAME: KUTSCHE, LYNN
STREET ADDRESS: 1928 FOX COURT
CITY-ST-ZIP: WELLINGTON, FL 33414**

**TITLE: VP
NAME: BOOTH, DANIEL
STREET ADDRESS: 525 NORHTCREEK DRIVE
CITY-ST-ZIP: DURHAM, NC 27707**

**TITLE: VP
NAME: HILL, DONALD
STREET ADDRESS: 1042 CLARELLEN DR
CITY-ST-ZIP: FORT MYERS, FL 33919**

**DO NOT WRITE
IN THIS SPACE**

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Thomas Schaar* **430-04** **1239-332-8699**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
 Date **Daytime Phone #**

Attachment
24070875

S13810

Additional Officers

VP

Karen Reed
11991 Rosemount Dr.
Fort Myers, FL 33913

VP

Myrian Alea
15216 Bahia Ct.
Fort Myers, FL 33908

VP

Joel Caschette
3720 SE 17th Ave.
Cape Coral, FL 33904

VP

Dwight Phelps
5410 Harborage Dr.
Fort Myers, FL 33908

VP

Karen Vincent
16215 Crown Arbor Way
Fort Myers, FL 33908

VP

Alexandria Cantilli
128 Viking Way
Naples, FL 34110

Please Delete Donald Hill and Daniel Booth as they are no longer VP's.

125wes
4-30-04