

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# S13810

FILED
Apr 26, 2005
Secretary of State

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

Current Principal Place of Business:

1318 GASPARILLA DR
FT MYERS, FL 33901 US

New Principal Place of Business:

Current Mailing Address:

1318 GASPARILLA DR
FT MYERS, FL 33901 US

New Mailing Address:

FEI Number: 65-0225813

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PST () Delete
Name: SCHAAR, THOMAS L., M. .D.
Address: 1318 GASPARILLA DR
City-St-Zip: FT MYERS, FL 33901

Title: VP () Delete
Name: MACHEVAN, CLAUDIO
Address: 25402 GALASHIELDS CIR
City-St-Zip: BONITA SPRINGS, FL 341341968

Title: VP () Delete
Name: SPEHN-ROLAND, DESIREE
Address: 8150 LOWBAND DR
City-St-Zip: NAPLES, FL 34109

Title: VP () Delete
Name: KUTSCHE, LYNN
Address: 1928 FOX COURT
City-St-Zip: WELLINGTON, FL 33414

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: VP (X) Change () Addition
Name: KAREN, REED
Address: 11991 ROSEMOUNT DR.
City-St-Zip: FT MYERS, FL 33913

Title: VP () Change (X) Addition
Name: CASCHETTE, JOEL
Address: 3720 SE 17TH AVE.
City-St-Zip: CAPE CORAL, FL 33904

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: THOMAS L. SCHAAR

PRES

04/26/2005

Electronic Signature of Signing Officer or Director

Date