2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 30, 2008
Secretary of State

DOCUMENT# S13810

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: JOHNSON, TOM M.D.
Address: 4824 SW 3RD ST.
City-St-Zip: CAPE CORAL, FL 33914

Title: VP ( ) Delete
Name: SIMMONS, WALTER M.D.
Address: 9659 PINEAPPLE PRESERVE
City-St-Zip: FORT MYERS, FL 33908

Title: VP ( ) Delete
Name: PHELPS, DWIGHT M.D.
Address: 5410 HARBORAGE DR.
City-St-Zip: FORT MYERS, FL 33908

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

Title: VP ( ) Change (X) Addition
Name: HOBBS, LARRY
Address: 12717 BREWSTER DR
City-St-Zip: FORT MYERS, FL 33908 US

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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 PST 01/30/2008

Electronic Signature of Signing Officer or Director Date