2010 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 17, 2010
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
Name: SCHAAR, THOMAS L., M.D.
Address: 1318 GASPARILLA DR
City-St-Zip: FT MYERS, FL 33901

Title: VP
Name: JOHNSON, TOM M.D.
Address: 6423 COCOS DRIVE
City-St-Zip: FORT MYERS, FL 33908

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

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

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

I hereby 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 all other like empowered.

SIGNATURE: THOMAS L. SCHAAR PRES 04/17/2010

Electronic Signature of Signing Officer or Director Date