

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# S13810

FILED  
Feb 22, 2011  
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

**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

P

02/22/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date