

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 24, 2003 8:00 am
Secretary of State

02-24-2003 90211 043 ***150.00

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**



☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **65-0225813**

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City **FL** Zip Code

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, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
PTD PST	SCHAAR, THOMAS L., M.D.	1318 GASPARILLA DR	FT MYERS FL 33901	<input type="checkbox"/>
VP	ACHEVAN, CLAUDIO	25402 GALASHIELDS CIR	BONITA SPRINGS FL 34134-1968	<input type="checkbox"/>
VP	SPEHN-ROLAND, DESIREE	8150 LOWBAND DR	NAPLES FL 34109	<input type="checkbox"/>
VP	KUTSCHE, LYNN	1928 FOX COURT	WELLINGTON FL 33414	<input type="checkbox"/>
VP	BOOTH, DANIEL	525 NORHTCREEK DRIVE	DURHAM NC 27707	<input type="checkbox"/>
VP	HILL, DONALD	1042 CLARELLEN DR	FORT MYERS FL 33919	<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
VP	Karen Bay Reed	11991 ROSEMOUNT DRIVE	FORT MYERS, FL 33913	<input type="checkbox"/>	<input checked="" type="checkbox"/>
VP	Joel Caschette	3720 S.E. 17TH AVENUE	CAPE CORAL, FL 33904	<input type="checkbox"/>	<input checked="" type="checkbox"/>
VP	Dwight Phelps	5410 HARBORAGE DRIVE	FORT MYERS, FL 33908-4544	<input type="checkbox"/>	<input checked="" type="checkbox"/>
VP	Myrian Mercedes Rhea	15216 BAHIA COURT	FORT MYERS, FL 33908	<input type="checkbox"/>	<input checked="" type="checkbox"/>
VP	Loretta Cantilli	14581 GRAND CAY CIRCLE, #3301	FORT MYERS, FL 33908	<input type="checkbox"/>	<input checked="" type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

CR2E034 (10/02)

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: SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

✓ 2-19-03 ✓ 239-332-8699
Date Daytime Phone #