

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

**APPROVED  
AND  
FILED**

**95 APR 14 AM 11:19**

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**CORPORATION  
ANNUAL REPORT  
1995**



FLORIDA DEPARTMENT OF STATE  
Sandra B. Northam  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # S72758 (3)**

1. Corporation Name

**WEST VOLUSIA EMERGENCY PHYSICIANS, P.A.**

DO NOT WRITE IN THIS SPACE.

Principal Place of Business: **WEST VOLUSIA MEMORIAL HOSPITAL  
WEST PLYMOUTH STREET  
DELAND FL 32721**

Mailing Address: **WEST VOLUSIA MEMORIAL HOSPITAL  
WEST PLYMOUTH STREET  
DELAND FL 32721**

3. Date Incorporated or Qualified: **08/02/1991**  
3a. Date of Last Report: **05/10/1994**

2. Principal Place of Business		2a. Mailing Address		4. FEI Number		Applied For	
21		26		59-3082909		Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired		8.75 Additional Fee Required	
22		27		6. Election Campaign Financing Trust Fund Contribution		5.00 May Be Added to Fees	
City & State		City & State		7. This corporation has liability for intangible tax under S. 199.032, Florida Statutes		Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
23		28		29		30	
Zip		Country		Zip		Country	
24		25		29		30	
32127		USA		32127		USA	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
<b>HUNT, OWEN R. WEST VOLUSIA MEMORIAL HOSPITAL WEST PLYMOUTH STREET DELAND FL 32721</b>				B1 Name			
				B2 Street Address (P.O. Box Number is Not Acceptable)			
				B3			
				B4 City			
				FL			
				B5 Zip Code			

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: \_\_\_\_\_ (DATE) \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	1.1 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HUNT, OWEN R.	1.2 NAME	
STREET ADDRESS	1603 LAKESIDE DR.	1.3 STREET ADDRESS	
CITY - ST - ZIP	DELAND FL	1.4 CITY - ST - ZIP	
TITLE	V	2.1 TITLE	V/D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KNIGHT, STEPHEN S.	2.2 NAME	
STREET ADDRESS	11 IROQUOIS TR	2.3 STREET ADDRESS	
CITY - ST - ZIP	ORMOND BEACH FL	2.4 CITY - ST - ZIP	
TITLE	T	3.1 TITLE	PIT/D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SAWKO, WILLIAM M.	3.2 NAME	
STREET ADDRESS	807 HENSAL HILL WEST	3.3 STREET ADDRESS	
CITY - ST - ZIP	PORT ORANGE FL	3.4 CITY - ST - ZIP	
TITLE	S	4.1 TITLE	S/D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MARTON, PAUL C.	4.2 NAME	
STREET ADDRESS	1328 MCGREGOR RD.	4.3 STREET ADDRESS	
CITY - ST - ZIP	DELAND FL	4.4 CITY - ST - ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		5.2 NAME	D DUVA, CHARLES D.
STREET ADDRESS		5.3 STREET ADDRESS	40 Captains Walk
CITY - ST - ZIP		5.4 CITY - ST - ZIP	Palm Coast FL 32137
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		6.2 NAME	D FAOUR, FERRE
STREET ADDRESS		6.3 STREET ADDRESS	2131 Alameda Ave.
CITY - ST - ZIP		6.4 CITY - ST - ZIP	South Daytona FL 32119

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(b), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 of this report, or on an attachment with an address.

SIGNATURE: *William M. Sawko* **WILLIAM M. SAWKO** 3-22-95 904 761 2196

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Date) (Typed Name)