

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 30, 2002 8:00 am
Secretary of State

01-30-2002 90156 002 ***150.00

DOCUMENT # S72758

1. Entity Name
WEST VOLUSIA EMERGENCY PHYSICIANS, P.A.

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

Mailing Address
807 HENSEL HILL WEST
PORT ORANGE FL 32127
US



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-3082909**

Applied For

Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

HUNT, OWEN R.
WEST VOLUSIA MEMORIAL HOSPITAL
WEST PLYMOUTH STREET
DELAND FL 32721

Name **SAWKO, WILLIAM M**
 Street Address (P.O. Box Number is Not Acceptable)

2701 S. RIDGEWOOD AVE STE-2

City **SOUTH DAYTONA**

FL

Zip Code **32119**

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.

SIGNATURE *William M Sawko* **WILLIAM M SAWKO**

1-11-2001

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so.
 (See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After May 1, 2002 Fee will be \$550.00
Make Check Payable to Department of State

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

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D** ☐ Delete
 NAME **HUNT, OWEN R.**
 STREET ADDRESS **1603 LAKESIDE DR.**
 CITY-ST-ZIP **DELAND FL**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **VD** ☐ Delete
 NAME **KNIGHT, STEPHEN S.**
 STREET ADDRESS **11 IROQUOIS TR**
 CITY-ST-ZIP **ORMOND BEACH FL**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **PTD** ☐ Delete
 NAME **SAWKO, WILLIAM M.**
 STREET ADDRESS **807 HENSEL HILL WEST**
 CITY-ST-ZIP **PORT ORANGE FL**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **SD** ☐ Delete
 NAME **MARTON, PAUL C.**
 STREET ADDRESS **240 N. KEPLER RD.**
 CITY-ST-ZIP **DELAND FL**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **D** ☐ Delete
 NAME **DUVA, CHARLES D**
 STREET ADDRESS **40 CAPTAINS WALK**
 CITY-ST-ZIP **PALM COAST FL 32737**

TITLE ☒ Change ☐ Addition
 NAME
 STREET ADDRESS **345 S. Atlantic Ave**
 CITY-ST-ZIP **Ormond Beach FL 32176**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *William M Sawko* **WILLIAM M SAWKO**

1-11-2001

386-760-7233

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)