

2006 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

APPROVED
AND
FILED

06 JUL -5 AM 9:31

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # S72758

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



Principal Place of Business
FLORIDA HOSPITAL DELAND
701 WEST PLYMOUTH AVE
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.

06292006

Chg-P

CR2E034 (11/05)

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

SAWKO, WILLIAM M
1530 CORNERSTONE BLVD
SUITE 200
DAYTONA BEACH, FL 32117

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.

500077389465
07/12/06--01027--013 **\$1.25

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

Amended AR is \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

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

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

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

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

TITLE VD ☐ Delete
NAME DUVA, CHARLES D
STREET ADDRESS 345 S. ATLANTIC AVENUE
CITY-ST-ZIP ORMOND BEACH, FL 32176

TITLE TD ☐ Delete
NAME WEINER, TRACY
STREET ADDRESS 1971 WATERFORD EST
CITY-ST-ZIP NEW SMYRNA BEACH, FL 32168

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE TUCKER, Nancy - ☒ Change ☒ Addition
NAME 17 Laurel Ridge Break
STREET ADDRESS Ormond Beach, FL 32174
CITY-ST-ZIP

TITLE JONES, Allen ☐ Change ☒ Addition
NAME 1932 Southbrook Blvd
STREET ADDRESS Port Orange, FL 32128
CITY-ST-ZIP

TITLE Barry, Wayne ☐ Change ☒ Addition
NAME 307 Cuddie Drive
STREET ADDRESS Debary, FL 32713
CITY-ST-ZIP

TITLE Newcome, Gerard ☐ Change ☒ Addition
NAME 1674 Cherry Blossom Terrace
STREET ADDRESS Heathrow, FL 32746
CITY-ST-ZIP

TITLE BARNARD, William ☐ Change ☒ Addition
NAME 1408 Sovereign CT
STREET ADDRESS Orlando, FL 32804
CITY-ST-ZIP

TITLE KANALIZO, Don ☐ Change ☒ Addition
NAME 4 Odysseus Drive
STREET ADDRESS Ormond Beach, FL 32174
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

WILLIAM M. SAWKO

Date

6/29/06

Daytime Phone #

7/7