


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 12, 2007 8:00 am
Secretary of State

02-12-2007 90066 020 ***150.00

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
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2. Principal Place of Business - No P.O. Box #	3. Mailing Address 1530 Cornerstone Blvd
Suite, Apt. #, etc.	Suite 200
City & State	Daytona Beach, FL
Zip	32117
Country	USA

40015602



02062007 Chg-P CR2E034 (12/06)

4. FEI Number 59-3082909	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent SAWKO, WILLIAM M 1530 CORNERSTONE BLVD SUITE 200 DAYTONA BEACH, FL 32117	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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 _____ (NOTE: Registered Agent signature required when re-registering) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD HUNT, OWEN R. 1603 LAKESIDE DR. DELAND, FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	✓ TUCKER, NANCY 17 Laurel Ridge Drive Ormond Beach, FL 32174 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD KNIGHT, STEPHEN S. 11 IROQUOIS TR ORMOND BEACH, FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	✓ Jones, Allen 1932 Southcreek Blvd Port Orange, FL 32128 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SAWKO, WILLIAM M. 807 HENSEL HILL WEST PORT ORANGE, FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	✓ BARRY, WAYNE 397 CADDIE Drive Deland, FL 32713 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD MARTON, PAUL C. 240 N. KEPLER RD. DELAND, FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	✓ NEWCOMER, Gerard 1674 Cherry Blossom Terrace Heathrow, FL 32746 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD DUVA, CHARLES D 345 S. ATLANTIC AVENUE ORMOND BEACH, FL 32176 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	✓ CANALIZO, John 4 Jollym Drive Ormond Beach, FL 32174 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD WEINER, TRACY 1971 WATERFORD EST NEW SMYRNA BEACH, FL 32168 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	✓ CHANNUGAM, JAY 727 Crickewood Terrace Lake Mary, FL 32746 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition

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 as empowered.

SIGNATURE:  **2-6-07**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #