

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # V27774

1. Entity Name

CAPE CORAL EMERGENCY PHYSICIANS, INC.

**FILED**  
**Mar 14, 2000 8:00 am**  
**Secretary of State**

03-14-2000 90022 023 \*\*\*158.75

Principal Place of Business

Mailing Address

CAPE CORAL HOSPITAL  
 636 DEL PRADO  
 CAPE CORAL FL 33990  
 US

P.O. BOX 448  
 SANIBEL FL 33957-0448  
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0355730

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired



**\$8.75** Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SHENKO, WILLIAM E JR.  
 6100 ESTERO BOULEVARD  
 FORT MYERS BEACH FL 33931

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.

SIGNATURE

*Robert Kupsaw* Robert Kupsaw, Pres 3/8/00  
 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, 2000 Fee will be \$550.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing Trust Fund Contribution.

**\$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	P <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KUPAW, ROBERT	NAME	
STREET ADDRESS	893 LIMPET DRIVE,	STREET ADDRESS	
CITY-ST-ZIP	SANIBEL FL	CITY-ST-ZIP	
TITLE	ST <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GETSON, DAVID	NAME	
STREET ADDRESS	5427 BRANDY CIRCLE	STREET ADDRESS	
CITY-ST-ZIP	FT. MYERS FL	CITY-ST-ZIP	
TITLE	V <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KUHN, FRED MD	NAME	
STREET ADDRESS	18102 CUTLASS DR.	STREET ADDRESS	
CITY-ST-ZIP	FT. MEYERS BEACH FL 33931	CITY-ST-ZIP	
TITLE	V <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CARLEY, LAWRENCE	NAME	
STREET ADDRESS	17146 WATERS EDGE CIR.	STREET ADDRESS	
CITY-ST-ZIP	N. FORT MEYERS FL 33917	CITY-ST-ZIP	
TITLE	V <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RODI, ALEXANDER	NAME	
STREET ADDRESS	12200 ROSEMOUNT CT.	STREET ADDRESS	
CITY-ST-ZIP	FT. MEYERS FL 33913	CITY-ST-ZIP	
TITLE	V <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SCHULTZ, CARL	NAME	
STREET ADDRESS	1175 SANDCASTLE RD.	STREET ADDRESS	
CITY-ST-ZIP	SANIBEL FL 33957	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:

*Robert Kupsaw* Robert Kupsaw, Pres 3/8/00 472-3357  
 SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)