

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# V27774

FILED
Apr 23, 2002 8:00 AM
Secretary of State

Entity Name: CAPE CORAL EMERGENCY PHYSICIANS, INC.

Current Principal Place of Business:

CAPE CORAL HOSPITAL
636 DEL PRADO
CAPE CORAL, FL 33990 US

New Principal Place of Business:

CAPE CORAL HOSPITAL
636 DEL PRADO
CAPE CORAL, FL 33990 US

Current Mailing Address:

P.O. BOX 448
SANIBEL, FL 33957 US

New Mailing Address:

FEI Number: 65-0355730 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LEONARD, MICHAEL W
2027 MCGREGOR BLVD
FORT MYERS, FL 33901 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so (X).

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: KUPAW, ROBERT
Address: 893 LIMPET DRIVE,
City-St-Zip: SANIBEL, FL

Title: ST () Delete
Name: GETSON, DAVID
Address: 5427 BRANDY CIRCLE
City-St-Zip: FT MYERS, FL

Title: V () Delete
Name: KUHN, FRED MD
Address: 18102 CUTLASS DR.
City-St-Zip: FT. MEYERS BEACH, FL 33931

Title: V () Delete
Name: CARLEY, LAWRENCE
Address: 17146 WATERS EDGE CIR.
City-St-Zip: N. FORT MEYERS, FL 33917

Title: V () Delete
Name: RODI, ALEXANDER
Address: 12200 ROSEMOUNT CT.
City-St-Zip: FT. MEYERS, FL 33913

Title: V () Delete
Name: SCHULTZ, CARL
Address: 1175 SANDCASTLE RD.
City-St-Zip: SANIBEL, FL 33957

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: V (X) Change () Addition
Name: DOUGHERTY, TIMOTHY
Address: 620 CORAL DRIVE
City-St-Zip: CAPE CORAL, FL 33904

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: TUCKER GREENE

ST

04/23/2002

Electronic Signature of Signing Officer or Director

_____ Date