## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# V27774

FILED Apr 30, 2006 Secretary of State

Entity Name: CAPE CORAL EMERGENCY PHYSICIANS, INC.

| •                                                                                                                                                      |                                                            |                                 |                                                       |                                                                                                                 |  |
|--------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------|---------------------------------|-------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------|--|
| Current Principal Place of Business:                                                                                                                   |                                                            |                                 | New Princ                                             | New Principal Place of Business:                                                                                |  |
| 636 DEL PR                                                                                                                                             | RAL HOSPITAL<br>RADO<br>RAL, FL 33990                      | US                              |                                                       |                                                                                                                 |  |
| Current Ma                                                                                                                                             | ailing Address                                             | ::                              | New Maili                                             | ng Address:                                                                                                     |  |
| P.O. BOX 448<br>SANIBEL, FL 33957 US                                                                                                                   |                                                            |                                 |                                                       |                                                                                                                 |  |
| FEI Number:                                                                                                                                            | 65-0355730                                                 | FEI Number Applied For ( )      | FEI Number Not Appl                                   | icable ( ) Certificate of Status Desired (X)                                                                    |  |
| Name and Address of Current Registered Agent: Name and Address of New Registered Agent:                                                                |                                                            |                                 |                                                       |                                                                                                                 |  |
| LAW OFFICE OF ROBERT A. ZACK, P.A.<br>PO BOX 50444<br>SARASOTA, FL 34232 US                                                                            |                                                            |                                 |                                                       |                                                                                                                 |  |
| 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. |                                                            |                                 |                                                       |                                                                                                                 |  |
| SIGNATUR                                                                                                                                               |                                                            | s Signature of Registered Agent | <u>+</u>                                              | <br>Date                                                                                                        |  |
| Election Cam                                                                                                                                           |                                                            | Trust Fund Contribution ( ).    | •                                                     | Dute                                                                                                            |  |
| OFFICERS AND DIRECTORS: ADDITIO                                                                                                                        |                                                            |                                 |                                                       | IS/CHANGES TO OFFICERS AND DIRECTORS                                                                            |  |
| Title:<br>Name:<br>Address:<br>City-St-Zip:<br>Title:                                                                                                  | KUPSAW, ROBE<br>893 LIMPET DRI<br>SANIBEL, FL              | VE,                             | Title:<br>Name:<br>Address:<br>City-St-Zip:<br>Title: | V (X) Change ( ) Addition HAUPT, MICHAEL 7250 PELAS CIRCLE NORTH FORT MYERS, FL 33917 V (X) Change ( ) Addition |  |
| Name:<br>Address:<br>City-St-Zip:                                                                                                                      | GETSON, DAVID<br>14 REG ROC RO<br>FALMOUTH, ME             | DAD                             | Name:<br>Address:<br>City-St-Zip:                     | V (X) Change ( ) Addition<br>RODI, ALEX<br>12707 VISTA PINE CIRCLE<br>FORT MYERS, FL 33913                      |  |
| Title:<br>Name:<br>Address:<br>City-St-Zip:                                                                                                            | P () [<br>KUHN, FRED MI<br>18102 CUTLASS<br>FT. MEYERS BE  | DR.                             | Title:<br>Name:<br>Address:<br>City-St-Zip:           | V (X) Change ( ) Addition<br>KUHN, FRED MD<br>18102 CUTLASS DR.<br>FT. MEYERS BEACH, FL 33931                   |  |
| Title:<br>Name:<br>Address:<br>City-St-Zip:                                                                                                            | V ()[<br>DOUGHERTY, TI<br>620 CORAL DRIN<br>CAPE CORAL, F  | <b>V</b> E                      | Title:<br>Name:<br>Address:<br>City-St-Zip:           | P (X) Change ( ) Addition<br>DOUGHERTY, TIMOTHY<br>620 CORAL DRIVE<br>CAPE CORAL, FL 33904                      |  |
| Title:<br>Name:<br>Address:<br>City-St-Zip:                                                                                                            | V () E<br>GREENE, TUCKI<br>6800 DANAH CO<br>FT. MEYERS, FL | URT                             | Title:<br>Name:<br>Address:<br>City-St-Zip:           | ST (X) Change ( ) Addition<br>GREENE, TUCKER<br>6800 DANAH COURT<br>FT. MEYERS, FL 33908                        |  |
| Title:<br>Name:<br>Address:<br>City-St-Zip:                                                                                                            | V ()[<br>SCHULTZ, CARL<br>20 GEORGETOW<br>FORT MYERS, F    | VN                              | Title:<br>Name:<br>Address:<br>City-St-Zip:           | ( ) Change ( ) Addition                                                                                         |  |

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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: TIMOTHY DOUGHERTY P 04/30/2006