

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# V27774

FILED
Feb 07, 2008
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:

Current Mailing Address:

PO BOX 151368
CAPE CORAL, FL 33915 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:

LAW OFFICE OF ROBERT A. ZACK, P.A.
3958 DEFOE SQ
SARASOTA, FL 34241 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: HAUPT, MICHAEL
Address: 7250 PELAS CIRCLE
City-St-Zip: NORTH FORT MYERS, FL 33917

Title: V () Delete
Name: RODI, ALEX
Address: 14850 CRESCENT COVE DRIVE
City-St-Zip: FORT MYERS, FL 33908

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

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

Title: ST () Delete
Name: GREENE, TUCKER
Address: 6800 DANA COURT
City-St-Zip: FT. MEYERS, FL 33908

Title: V () Delete
Name: SCHULTZ, CARL
Address: 13785 BALD CYPRESS CIRCLE
City-St-Zip: FORT MYERS, FL 33907

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

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 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: FREDERICK L. KUHN

PRES

02/07/2008

Electronic Signature of Signing Officer or Director

Date