

**2019 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P99000105324

**Entity Name:** EMERGENCY PHYSICIAN SPECIALISTS, INC.

**FILED**  
**Feb 12, 2019**  
**Secretary of State**  
**9179726816CC**

**Current Principal Place of Business:**

8390 CHAMPIONS GATE BLVD  
S215  
DAVENPORT, FL 33896

**Current Mailing Address:**

8390 CHAMPIONSGATE BLVD  
215  
CHAMPIONSGATE, FL 33896 US

**FEI Number: 59-3612278**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

CAMBO, JORGE  
8390 CHAMPIONSGATE BLVD  
306  
CHAMPIONSGATE, FL 33896 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.*

**SIGNATURE:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title           PTD  
Name           CAMBO, JORGE  
Address       8390 CHAMPIONS GATE BLVD  
                  S 215  
City-State-Zip: DAVENPORT FL 33896

Title           VSD  
Name           MCHALE, MICHAEL  
Address       8390 CHAMPIONS GATE BLVD  
                  S 215  
City-State-Zip: DAVENPORT FL 33896

Title           VD  
Name           LINDSEY, JACQUELINE  
Address       8390 CHAMPIONS GATE BLVD  
                  S 215  
City-State-Zip: DAVENPORT FL 33896

Title           VD  
Name           BOYER, MICHAEL  
Address       8390 CHAMPIONS GATE BLVD  
                  S 215  
City-State-Zip: DAVENPORT FL 33896

*I hereby 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 all other like empowered.*

**SIGNATURE: MICHAEL BOYER**

**VSD**

**02/12/2019**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date