

**2015 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P99000105324

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

**Current Principal Place of Business:**

2231 NORTH BLVD WEST  
DAVENPORT, FL 33837

**FILED**  
**Mar 02, 2015**  
**Secretary of State**  
**CC2161927237**

**Current Mailing Address:**

8390 CHAMPIONSGATE BLVD  
306  
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       2231 NORTH BLVD WEST  
City-State-Zip: DAVENPORT FL 33837

Title           VSD  
Name           MCHALE, MICHAEL  
Address       2231 NORTH BLVD WEST  
City-State-Zip: DAVENPORT FL 33837

Title           VD  
Name           LINDSEY, JACQUELINE  
Address       2231 NORTH BLVD WEST  
City-State-Zip: ORLANDO FL 32837

Title           VD  
Name           BOYER, MICHAEL  
Address       2231 NORTH BLVD WEST  
City-State-Zip: DAYTONA BEACH FL 32118

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: JORGE CAMBO**

**PTD**

**03/02/2015**

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

\_\_\_\_\_  
Date