

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# S72758

FILED
Feb 26, 2009
Secretary of State

Entity Name: EMERGENCY MEDICINE PROFESSIONALS, P.A..

Current Principal Place of Business:

FLORIDA HOSPITAL DELAND
701 WEST PLYMOUTH AVE
DELAND, FL 32721

New Principal Place of Business:

Current Mailing Address:

1530 CORNERSTONE BLVD
DAYTONA BEACH, FL 32117 US

New Mailing Address:

FEI Number: 59-3082909

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SAWKO, WILLIAM M
1530 CORNERSTONE BLVD
SUITE 200
DAYTONA BEACH, FL 32117 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: VD () Delete
Name: KNIGHT, STEPHEN S.,
Address: 11 IROQUOIS TR
City-St-Zip: ORMOND BEACH, FL

Title: PD () Delete
Name: SAWKO, WILLIAM M.,
Address: 807 HENSEL HILL WEST
City-St-Zip: PORT ORANGE, FL

Title: SD () Delete
Name: MARTON, PAUL C.,
Address: 240 N. KEPLER RD.
City-St-Zip: DELAND, FL

Title: VD () Delete
Name: DUVA, CHARLES D
Address: 345 S. ATLANTIC AVENUE
City-St-Zip: ORMOND BEACH, FL 32176

Title: TD () Delete
Name: WEINER, TRACY
Address: 1971 WATERFORD EST
City-St-Zip: NEW SMYRNA BEACH, FL 32168

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: VD (X) Change () Addition
Name: KNIGHT, STEPHEN S
Address: 11 IROQUOIS TR
City-St-Zip: ORMOND BEACH, FL

Title: PD (X) Change () Addition
Name: SAWKO, WILLIAM M
Address: 807 HENSEL HILL WEST
City-St-Zip: PORT ORANGE, FL

Title: SD (X) Change () Addition
Name: MARTON, PAUL C
Address: 240 N. KEPLER RD.
City-St-Zip: DELAND, FL

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

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

Title: V () Change (X) Addition
Name: CARAKER, MARK
Address: 4934 LEGACY OAKS DRIVE
City-St-Zip: ORLANDO, FL 32832

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: WILLIAM M SAWKO, MD

PD

02/26/2009

Electronic Signature of Signing Officer or Director

Date