

2017 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# S72758

FILED
Mar 13, 2017
Secretary of State
CC2945488274

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

Current Principal Place of Business:

FLORIDA HOSPITAL DELAND
701 WEST PLYMOUTH AVE
DELAND, FL 32721

Current Mailing Address:

298 S. YONGE STREET
ORMOND BEACH, FL 32174 US

FEI Number: 59-3082909

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

DUVA, CHARLES M
298 S. YONGE STREET
ORMOND BEACH, FL 32174 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: CHARLES DUVA

03/13/2017

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title	VP
Name	KNIGHT, STEPHEN S
Address	11 IROQUOIS TR
City-State-Zip:	ORMOND BEACH FL
Title	PRESIDENT, DIRECTOR
Name	DUVA, CHARLES D
Address	545 OCEANSHORE BLVD.
City-State-Zip:	ORMOND BEACH FL 32176
Title	VP
Name	CARAKER, MARK
Address	105 RED SKY COURT
City-State-Zip:	LAKE MARY FL 32746
Title	VP
Name	ROBERTS, JUDY J
Address	4784 MICHAEL LANE
City-State-Zip:	PONCE INLET FL 32127

Title	SD
Name	MARTON, PAUL C
Address	290 N. KEPLER RD.
City-State-Zip:	DELAND FL
Title	TD
Name	WEINER, TRACY
Address	1971 WATERFORD EST
City-State-Zip:	NEW SMYRNA BEACH FL 32168
Title	VP
Name	NEWCOMER, GERARD
Address	955 WILLOW GARDEN COURT
City-State-Zip:	LAKE MARY FL 32746
Title	VD
Name	MCCABE, KRISTIN
Address	91 ISLAND ESTATES PKWY
City-State-Zip:	PALM COAST FL 32137

Continues on page 2

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: CHARLES DUVA

PRESIDENT

03/13/2017

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title VP
Name SIMPSON, CLAIRE
Address 601 E GORE STREET
City-State-Zip: ORLANDO FL 32806

Title VP
Name MENEZES, IVAN
Address 25536 HAWKS RUN LANE
City-State-Zip: SORRENTO FL 32776

Title VP
Name SISKI, MATTHEW
Address 1809 N. FOREST AVENUE
City-State-Zip: ORLANDO FL 32803

Title VP
Name HAWS, KIRBY
Address 4 LEISURE WOOD WAY
City-State-Zip: ORMOND BEACH FL 32174

Title VD
Name MOSES, DUSTY
Address 27 MINNOW DRIVE
City-State-Zip: ORMOND BEACH FL 32174

Title VP
Name BOGDANOVSKA, SUZANA
Address 126 PINION CIRCLE
City-State-Zip: ORMOND BEACH FL 32174

Title VP
Name SIEGER, BRENT
Address 1721 GREENS DAIRY ROAD
City-State-Zip: DELAND FL 32720

Title VP, DIRECTOR
Name MCNAMEE, JUSTIN
Address 10 RICHMOND DRIVE
City-State-Zip: NEW SMYRNA BEACH FL 32169

Title VP
Name COLTHARP, STEPHEN
Address 77 VILLAGE TRAIL
City-State-Zip: ORMOND BEACH FL 32174

Title VP
Name MILLER, ELIZABETH
Address 1314 N. ATLANTIC AVENUE
City-State-Zip: NEW SMYRNA BEACH FL 32169

Title VP, DIRECTOR
Name RAMIA, MICHELLE
Address 399 GLEN ABBEY LANE
City-State-Zip: DEBARY FL 32713

Title VD
Name RIGA, PETER
Address 594 BROADOAK LOOP
City-State-Zip: SANFORD FL 32771

Title VP
Name GUILLOT, LUKE
Address 629 STONEFIELD LOOP
City-State-Zip: LAKE MARY FL 32746

Title VP
Name ROBINSON, JOHN
Address 1 EMERALD LAKE COURT
City-State-Zip: PALM COAST FL 32137

Title VP, DIRECTOR
Name MUCCIOLO, PAUL
Address 81 BRIDLE RIDGE COURT
City-State-Zip: FLAGLER BEACH FL 32136

Title VP
Name PETROZZINO, VITO
Address 526 CRYSTAL RESERVE COURT
City-State-Zip: LAKE MARY FL 32746