

**2017 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# S72758

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

**FILED**  
**Mar 13, 2017**  
**Secretary of State**  
**CC2945488274**

**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

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*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