

2015 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# S72758

FILED
Feb 03, 2015
Secretary of State
CC6295045610

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:

SAWKO, WILLIAM 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:

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title VD
Name KNIGHT, STEPHEN S
Address 11 IROQUOIS TR
City-State-Zip: ORMOND BEACH FL

Title PD
Name SAWKO, WILLIAM M
Address 807 HENSEL HILL WEST
City-State-Zip: PORT ORANGE FL

Title SD
Name MARTON, PAUL C
Address 290 N. KEPLER RD.
City-State-Zip: DELAND FL

Title VD
Name DUVA, CHARLES D
Address 545 OCEANSHORE BLVD.
City-State-Zip: ORMOND BEACH FL 32176

Title TD
Name WEINER, TRACY
Address 1971 WATERFORD EST
City-State-Zip: NEW SMYRNA BEACH FL 32168

Title V
Name CARAKER, MARK
Address 105 RED SKY COURT
City-State-Zip: LAKE MARY FL 32746

Title VD
Name NEWCOMER, GERARD
Address 955 WILLOW GARDEN COURT
City-State-Zip: LAKE MARY FL 32746

Title VD
Name KELLEY, AMY
Address 3015 LAKESHORE DRIVE
City-State-Zip: MT. DORA FL 32757

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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: WILLIAM SAWKO

PRESIDENT

02/03/2015

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title VD
Name ROBERTS, JUDY J
Address 4784 MICHAEL LANE
City-State-Zip: PONCE INLET FL 32127

Title VD
Name MCCABE, KRISTIN
Address 91 ISLAND ESTATES PKWY
City-State-Zip: PALM COAST FL 32137

Title V
Name ADAMS, ABIGAIL
Address 3531 GRAND TUSCANY WAY
City-State-Zip: NEW SMYRNA BEACH FL 32168

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

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

Title V
Name HUSCHKE, TIMOTHY
Address 105 HOLLIES END COURT
City-State-Zip: DELAND FL 32724

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

Title V
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