#### **2019 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# S72758

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

FILED
Mar 04, 2019
Secretary of State
8773426167CC

# **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 03/04/2019

Electronic Signature of Registered Agent

Date

#### Officer/Director Detail:

Title SD Title PRESIDENT, DIRECTOR Name MARTON, PAUL C Name DUVA. CHARLES D Address 290 N. KEPLER RD. Address 545 OCEANSHORE BLVD. ORMOND BEACH FL 32176 City-State-Zip: DELAND FL City-State-Zip:

Title TD Title VF

NameWEINER, TRACYNameCARAKER, MARKAddress1971 WATERFORD ESTAddress105 RED SKY COURTCity-State-Zip:NEW SMYRNA BEACH FL 32168City-State-Zip:LAKE MARY FL 32746

Title VP Title VF

NameNEWCOMER, GERARDNameROBERTS, JUDY JAddress955 WILLOW GARDEN COURTAddress4784 MICHAEL LANECity-State-Zip:LAKE MARY FL 32746City-State-Zip:PONCE INLET FL 32127

Title VD Title VP

NameMCCABE, KRISTINNameSIMPSON, CLAIREAddress91 ISLAND ESTATES PKWYAddress601 E GORE STREETCity-State-Zip:PALM COAST FL 32137City-State-Zip:ORLANDO FL 32806

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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 03/04/2019

Electronic Signature of Signing Officer/Director Detail

Date

### Officer/Director Detail Continued:

Title VΡ Title

Name COLTHARP, STEPHEN Name MENEZES, IVAN

77 VILLAGE TRAIL Address 25536 HAWKS RUN LANE Address

VΡ

VΡ

SORRENTO FL 32776 City-State-Zip: City-State-Zip: ORMOND BEACH FL 32174

Title VΡ Title

MILLER, ELIZABETH Name SISKO, MATTHEW Name

Address 1809 N. FOREST AVENUE Address 1314 N. ATLANTIC AVENUE ORLANDO FL 32803

City-State-Zip: NEW SMYRNA BEACH FL 32169 City-State-Zip:

Title VD VP, DIRECTOR Title

RIGA, PETER Name Name RAMIA, MICHELLE

594 BROADOAK LOOP Address Address 399 GLEN ABBEY LANE SANFORD FL 32771 City-State-Zip: City-State-Zip: DEBARY FL 32713

Title VΡ Title VD

Name GUILLOT, LUKE Name MOSES, DUSTY

Address 629 STONEFIELD LOOP Address 27 MINNOW DRIVE

City-State-Zip: LAKE MARY FL 32746 City-State-Zip: ORMOND BEACH FL 32174

Title Title ٧P

Name ROBINSON, JOHN Name BOGDANOVSKA, SUZANA

Address 1 EMERALD LAKE COURT Address 126 PINION CIRCLE

City-State-Zip: PALM COAST FL 32137 City-State-Zip: ORMOND BEACH FL 32174

Title VP, DIRECTOR ۷P Title Name MUCCIOLO, PAUL

Name SIEGER, BRENT Address 81 BRIDLE RIDGE COURT

Address 1721 GREENS DAIRY ROAD City-State-Zip: FLAGLER BEACH FL 32136

City-State-Zip: DELAND FL 32720

Title VP, DIRECTOR PETROZZINO, VITO Name

MCNAMEE, JUSTIN Name Address 526 CRYSTAL RESERVE COURT

Title

VΡ

Address 10 RICHMOND DRIVE City-State-Zip: LAKE MARY FL 32746

Title VΡ Title VP

NEW SMYRNA BEACH FL 32169

City-State-Zip:

Name SWEARINGEN, STEVEN KROSS, JORDAN Name 231 RIVERSIDE DRIVE Address

Address 847 ISLE POINT **UNIT 1403** 

City-State-Zip: SANFORD FL 32771 City-State-Zip: DAYTONA BEACH FL 32117

۷P Title VΡ Title

Name BACH, NATHAN Name TRINH, WILLIAM 4166 SAXON DRIVE Address 131 THOMAS STREET Address

City-State-Zip: NEW SMYRNA BEACH FL 32129 City-State-Zip: EDGEWATER FL 32132

Title VΡ Title VΡ

Name DILLARD, BARNEY Name BAHL, RAJIV Address 2009 HILL STREET Address 1473 LAKE GEORGE DRIVE

NEW SMYRNA BEACH FL 32169 City-State-Zip:

LAKE MARY FL 32746 City-State-Zip:

Title VΡ Title VP

HOHLER, DANIEL Name GEORGE, WESLEY Name 440 PINE BLUFF TRAIL Address

Address 1339 PATTERSON TERRACE

City-State-Zip: LAKE MARY FL 32746

Title VP

Name RADA, KRISTEN

Address 231 RIVERSIDE DRIVE

**UNIT 1504** 

City-State-Zip: HOLLY HILL FL 32117

Title VP

Name TAYLOR, JAY

Address 1120 EUGENIA BLVD.

City-State-Zip: NEW SMYRNA BEACH FL 32158

City-State-Zip: ORMOND BEACH FL 32174

Title VP

Name ROSADO, JOSE

Address 4206 MAYFAIR LANE

City-State-Zip: PORT ORANGE FL 32129