

**2013 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# S72758

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

**FILED**  
**Feb 26, 2013**  
**Secretary of State**  
**CC3249932747**

**Current Principal Place of Business:**

FLORIDA HOSPITAL DELAND  
701 WEST PLYMOUTH AVE  
DELAND, FL 32721

**Current Mailing Address:**

1530 CORNERSTONE BLVD  
SUITE 200  
DAYTONA BEACH, FL 32117 US

**FEI Number: 59-3082909**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

SAWKO, WILLIAM M  
1530 CORNERSTONE BLVD  
SUITE 200  
DAYTONA BEACH, FL 32117 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 CANALIZO, JOHN  
Address 3 PRINCESS CIRCLE  
City-State-Zip: ORMOND BEACH FL 32174

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

**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: WILLIAM SAWKO**

**PRESIDENT**

**02/26/2013**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date

**Officer/Director Detail Continued :**

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

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

Title V  
Name BERRIDGE, TERESA  
Address 3245 S ATLANTIC AVENUE  
UNIT 1007  
City-State-Zip: DAYTONA BEACH SHORES FL 32118

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 V  
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 RIGA, PETER  
Address 404 S LAKE VICTORIA CIRCLE  
City-State-Zip: DELAND FL 32724

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