

**2014 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# S72758

**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  
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	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****02/03/2014**

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 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