

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**  
**Apr 26, 1999 8:00 am**  
**Secretary of State**

04-26-1999 90122 018 \*\*\*150.00

DOCUMENT # 619413 OK  
Corporation Name

Northside Emergency Physicians  
and Associates, P.A.

Principal Place of Business

NONE

Mailing Address

350 2nd St.N. Unit#2  
St. Petersburg, FL. 33701

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified  
05/02/79

Principal Place of Business

2a. Mailing Address

4. FEI Number  
59-1899903

Applied For  
Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. Certificate of Status Desired ☐ \$8.75 Additional  
Fee Required

City & State

City & State

6. Election Campaign Financing  
Trust Fund Contribution ☐ \$5.00 May Be  
Added to Fees

Zip

Country

Zip

Country

8. This corporation owes the current year Intangible  
Personal Property Tax. ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

Beverly P. Wilcher, D.O.  
15340 Gulf Boulevard  
Madeira Beach, FL 33708

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)  
350 2nd St.N. Unit#2

83

84 City  
St. Petersburg

FL 85 Zip Code  
33701

Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

NATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
<input type="checkbox"/> DELETE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
1. ADDRESS	PD Beverly P. Wilcher	1.1 TITLE	
2. ZIP	350 2nd St. N. Unit#2	1.2 NAME	
	St. Petersburg, FL 33701	1.3 STREET ADDRESS	
	<input type="checkbox"/> DELETE	1.4 CITY-ST-ZIP	
3. ADDRESS		2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4. ZIP		2.2 NAME	
	<input type="checkbox"/> DELETE	2.3 STREET ADDRESS	
		2.4 CITY-ST-ZIP	
5. ADDRESS		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6. ZIP		3.2 NAME	
	<input type="checkbox"/> DELETE	3.3 STREET ADDRESS	
		3.4 CITY-ST-ZIP	
7. ADDRESS		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
8. ZIP		4.2 NAME	
	<input type="checkbox"/> DELETE	4.3 STREET ADDRESS	
		4.4 CITY-ST-ZIP	
9. ADDRESS		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
10. ZIP		5.2 NAME	
	<input type="checkbox"/> DELETE	5.3 STREET ADDRESS	
		5.4 CITY-ST-ZIP	
11. ADDRESS		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. ZIP		6.2 NAME	
	<input type="checkbox"/> DELETE	6.3 STREET ADDRESS	
		6.4 CITY-ST-ZIP	

I certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information furnished on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

Beverly P. Wilcher, D.O., President 3/26/99

(727) 894-3800

SIGNATURE:

*Beverly P. Wilcher, D.O. President*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E03-111993