

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# K50818

FILED  
Apr 21, 2009  
Secretary of State

Entity Name: JACKSONVILLE EMERGENCY CONSULTANTS, P.A.

## Current Principal Place of Business:

8761 PERIMETER PARK BLVD.  
SUITE 106  
JACKSONVILLE, FL 32216

## New Principal Place of Business:

## Current Mailing Address:

8761 PERIMETER PARK BLVD.  
SUITE 106  
JACKSONVILLE, FL 32216

## New Mailing Address:

FEI Number: 59-2924836

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

SIDNEY S. SIMMONS 11  
841 PRUDENTIAL DR.  
SUITE1400  
JACKSONVILLE, FL 32207 US

## Name and Address of New Registered Agent:

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

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: DR. ( ) Delete  
Name: ALEMAN, JAIME  
Address: 7717 ROYAL CREST DR.  
City-St-Zip: JACKSONVILLE, FL 32256

Title: DR. ( ) Delete  
Name: MENZE, ROGER  
Address: 4511 COQUINA DR.  
City-St-Zip: JACKSONVILLE BEACH, FL 32250

Title: DR. ( ) Delete  
Name: ATTLESEY, MARK  
Address: 751 SHIPWATCH DR E  
City-St-Zip: JACKSONVILLE, FL 32225

Title: DR. ( ) Delete  
Name: CHEANVECHAI, DAYCHA  
Address: 9745 TOUCHTON ROAD, #3107  
City-St-Zip: JACKSONVILLE, FL 32246

Title: DR. ( ) Delete  
Name: GYARMATHY, RAYMOND  
Address: 158 OCEANWALK DR.  
City-St-Zip: ATLANTIC BEACH, FL 32233

Title: DR. ( ) Delete  
Name: ALONSO, LEONARDO  
Address: 831 CHICOPIT LANE  
City-St-Zip: JACKSONVILLE, FL 32225

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: RAYMOND GYARMATHY

DR.

04/21/2009

Electronic Signature of Signing Officer or Director

Date