

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT
CORPORATION
ANNUAL REPORT
1998



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **L73924**

(7)

1. Corporation Name
SARASOTA EMERGENCY MEDICAL CONSULTANTS, INC.

Principal Place of Business

**3460 FLAMINGO DR
SARASOTA FL 34242
US**

Mailing Address

**3460 FLAMINGO DR
SARASOTA FL 34242
US**

FILED
Sep 23 1998 8:00am
Secretary of State



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

21 **T.E.A.M.**

Suite, Apt. #, etc.

22 **6200 COURTNEY CAMPBELL CAUSEWAY, SUITE 400**

City & State

23 **TAMPA, FL**

Zip

24 **33607**

Country

25 **U.S.A.**

2a. Mailing Address

26 **T.E.A.M.**

Suite, Apt. #, etc.

27 **6200 COURTNEY CAMPBELL CAUSEWAY, SUITE 400**

City & State

28 **TAMPA, FL**

Zip

29 **33607**

Country

30 **U.S.A.**

3. Date Incorporated or Qualified

05/18/1990

4. FEI Number

65-0195332

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

**CHEN, WELLINGTON
4048 LAS PALMAS WAY
SARASOTA FL 34238**

10. Name and Address of New Registered Agent

81 Name

NATALIA N. CRUZ

82 Street Address (P.O. Box Number is Not Acceptable)

6200 COURTNEY CAMPBELL CAUSEWAY

83

SUITE 400

84 City

TAMPA

FL

85 Zip Code

33607

11. 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.

SIGNATURE

Natalia N. Cruz
Signature, typed or printed name of registered agent and title, applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **D** ☐ DELETE
NAME **CHEN, WELLINGTON M**
STREET ADDRESS **4048 LAS PALMAS WAY**
CITY-ST-ZIP **SARASOTA FL**

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **PRESIDENT** ☒ Change ☐ Addition
1.2 NAME **JAMES V. HILLMAN**
1.3 STREET ADDRESS **6200 COURTNEY CAMPBELL CAUSEWAY**
1.4 CITY-ST-ZIP **SUITE 400, TAMPA, FL 33607**

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I hereby 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 indicated 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.

SIGNATURE:

Natalia N. Cruz *James V. Hillman* 9-15-98

CR2E034 (5/98)