

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 31, 2002 8:00 am**  
**Secretary of State**

01-31-2002 90030 046 \*\*\*\*50.00

**DOCUMENT # L98000002112**

1. Entity Name

**EMERGENCY MEDICAL ASSOCIATES OF FLORIDA, L.L.C.**

Principal Place of Business

**1201 5TH AVE. N  
 SUITE 202  
 ST. PETERSBURG FL 33705**

Mailing Address

**1201 5TH AVE. N  
 SUITE 202  
 ST. PETERSBURG FL 33705**

2. Principal Place of Business

**1099 5th Ave N  
 Suite, Apt. #, etc.  
 340**

3. Mailing Address

**1099 5th Ave N  
 Suite, Apt. #, etc.  
 340**

City & State

**St. Petersburg**

City & State

**St. Petersburg**

Zip

**33705**

Country

**Pinellas**

Zip

**33705**

Country

**Pinellas**

4. FEI Number

**59-3537604**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$5.00 Additional  
 Fee Required**

6. Name and Address of Current Registered Agent

**BRADLEY, TERESA M.D.  
 1201 FIFTH AVENUE NORTH  
 SUITE 202  
 ST. PETERSBURG FL 33701**

7. Name and Address of New Registered Agent

Name

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

City

**FL**

Zip Code

8. 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

*Terese Bradley*

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$50.00  
 Make Check Payable to Department of State  
 Due By May 1, 2002**

9. MANAGING MEMBERS/MANAGERS

TITLE **MGRM** ☐ Delete  
 NAME **BAYSIDE EMERGENCY PHYSICIANS, P.A.**  
 STREET ADDRESS **1200 SEVENTH AVENUE NORTH**  
 CITY-ST-ZIP **ST. PETERSBURG FL 33705**

TITLE **MGRM** ☐ Delete  
 NAME **EMATB, INC.**  
 STREET ADDRESS **4600 N. HABANA AVE., SUITE 19**  
 CITY-ST-ZIP **TAMPA FL 33614**

TITLE **MGRM** ☐ Delete  
 NAME **EMERGENCY PHYSICIANS OF ST. PETERSBURG P.A**  
 STREET ADDRESS **603 7TH ST. S., SUITE 360**  
 CITY-ST-ZIP **ST. PETERSBURG FL 33701**

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

11. 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 report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

**SIGNATURE: *Terese Bradley* SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

CR2E083 (9/01)