

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 16, 2003 8:00 am
Secretary of State

01-16-2003 90235 021 ****50.00

DOCUMENT # L98000002112

1. Entity Name

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



Principal Place of Business

1099 5TH AVE N

340

ST. PETERSBURG FL 33705

Mailing Address

1099 5TH AVE N

340

ST. PETERSBURG FL 33705

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

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

7. Name and Address of New Registered Agent

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

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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 Florida Department of State
Due By May 1, 2003

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

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

☐ Delete

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

☐ Delete

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

☐ Delete

TITLE
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STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

☐ Change

☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Karen McGinn, Practice Manager
Emergency Medical Associates
2727 Martin Luther King Blvd., Suite 300
Tampa, FL 33607

☒ Change

☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change

☐ Addition

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:

[Signature]

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

Date

Daytime Phone #

CR2E083 (10/02)