

# 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000008963

**FILED**  
**Feb 08, 2012**  
**Secretary of State**

**Entity Name:** EMERGENCY MEDICINE/COOK COUNTY-STROGER, INC.

**Current Principal Place of Business:**

1900 W. POLK  
ROOM 1035  
CHICAGO, IL 60612

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 66758  
SUITE 238  
ST. PETE BEACH, FL 33736

**New Mailing Address:**

P.O. BOX 66758  
ST. PETE BEACH, FL 33736

**FEI Number:** 42-1679350

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

KADOURA & CO., LLC  
1135 PASADENA AVENUE, #238  
SUITE 315  
SOUTH PASADENA, FL 33707 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

**OFFICERS AND DIRECTORS:**

Title: PRES  
Name: SCHAIDER, JEFFREY J  
Address: 1900 W. POLK, ROOM 1035  
City-St-Zip: CHICAGO, IL 60612

Title: SEC  
Name: TAYLOR, MISHALLE  
Address: 1900 W. POLK, ROOM 1035  
City-St-Zip: CHICAGO, IL 60612

Title: TREA  
Name: TAYLOR, MISHALLE  
Address: 1900 W. POLK, ROOM 1035  
City-St-Zip: CHICAGO, IL 60612

I hereby 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 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: JEFFREY J. SCHAIDER, MD

PRES

02/08/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date