2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 19, 2007 8:00 am
Secretary of State
04-19-2007 90216 033 ****61.25

DOCUMENT # N06000000395

1. Entity Name
SOCIETY OF EMERGENCY MEDICINE PHYSICIAN ASSISTANTS, INC.

Principal Place of Business	Mailing Address
222 S WESTMONTE DRIVE 101 ALTAMONTE SPRINGS, FL 32714	222 S WESTMONTE DRIVE 101 ALTAMONTE SPRINGS, FL 32714

02122007 Chg-NP CR2E037 (12/06)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 95-4276477 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

KAUTTER MANAGEMENT GROUP, INC.
222 S WESTMONTE DRIVE
101
ALTAMONTE SPRINGS, FL 32714

7. Name and Address of New Registered Agent

Name: **Beatty, Barbara F.**
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: **Barbara F. Beatty/Executive Director** Barbara Beatty April 9, 2007
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $61.25
Due by May 1, 2007

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P KAUTTER MANAGEMENT GROUP, INC. 222 S WESTMONTE DRIVE, SUITE 101 ALTAMONTE SPRINGS, FL 32714	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	ED Beatty, Barbara F. 222 S Westmonte Drive Ste 101 Altamonte Springs FL 32714	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD Callard, Jeffrey Ward 5113 Coachlight Dr Fenton MI 48430	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	IPPD Krueger, Jennifer 9 Contour Rd Missoula MT 59802	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	STD McCambley, Brian V. 106 Sienna Drive Danbury CT 06811	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	AED Kautter, Tina 222 S Westmonte Drive Ste 101 Altamonte Springs FL 32714	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **Barbara F. Beatty** Barbara Beatty April 9, 2007 **407-774-7880**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #