

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 17, 2008 8:00 am
Secretary of State

03-17-2008 90004 044 ****61.25

DOCUMENT # N06000000395	
1. Entity Name SOCIETY OF EMERGENCY MEDICINE PHYSICIAN ASSISTANTS, INC.	

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



03112008 Chg-NP CR2E037 (12/06)

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		7. Name and Address of New Registered Agent	
BEATTY, BARBARA F 222 S WESTMONTE DRIVE 101 ALTAMONTE SPRINGS, FL 32714		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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

Filing Fee is \$61.25 Due by May 1, 2008	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	Make check payable to Florida Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BEATTY, BARBARA F 222 S WESTMONTE DRIVE, SUITE 101 ALTAMONTE SPRINGS, FL 32714 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	ED ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD CALLARD, JEFFREY W 5113 COACHLIGHT DR FENTON, MI 48430 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD KRUEGER, JENNIFER 9 CONTOUR RD MISSOULA, MT 59802 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	IPPD ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD MCCAMBLEY, BRIAN V 106 SIENNA DRIVE DANBURY, CT 06811 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AD KAUTTER, TINA 222 S. WESTMONTE DRIVE STE 101 ALTAMONTE SPRINGS, FL 32714 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	AED ☒ 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* **3/11/08** **407-774-7880**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone *