2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N0600000395

KAUTTER, TINA

222 S. WESTMONTE DRIVE STE 101

ALTAMONTE SPRINGS, FL 32714

Name:

Address:

City-St-Zip:

FILED Mar 18, 2009 Secretary of State

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

Current Principal Place of Business: New Principal Place of Business: 222 S WESTMONTE DRIVE ALTAMONTE SPRINGS, FL 32714 **New Mailing Address: Current Mailing Address:** 222 S WESTMONTE DRIVE ALTAMONTE SPRINGS, FL 32714 FEI Number: 95-4276477 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: BEATTY, BARBARA F 222 S WESTMONTE DRIVE 101 ALTAMONTE SPRINGS, FL 32714 US 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:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete (X) Change () Addition BEATTY, BARBARA F BEATTY, BARBARA F Name: Name: 222 S WESTMONTE DRIVE, SUITE 101 Address: 222 S WESTMONTE DRIVE, SUITE 101 Address: City-St-Zip: ALTAMONTE SPRINGS, FL 32714 City-St-Zip: ALTAMONTE SPRINGS, FL 32714 US Title: () Delete Title: (X) Change () Addition CALLARD, JEFFREY W Name: KRUEGER, JENNIFER Name: Address: 5113 COACHLIGHT DR Address: 9 CONTOUR RD City-St-Zip: **FENTON, MI 48430** City-St-Zip: MISSOULA, MT 59802 US Title: PPD () Delete Title: STD (X) Change () Addition KRUEGER, JENNIFER PATRICK, FRANK C Name: Name: Address: 9 CONTOUR RD Address: 870 EAST ST City-St-Zip: MISSOULA, MT 59802 City-St-Zip: ONEONTA, NY 13820 US (X) Change () Addition Title: STD () Delete Title: PED MCCAMBLEY, BRIAN V Name: MCCAMBLEY, BRIAN V Name: 106 SIENNA DRIVE Address: Address: 106 SIENNA DRIVE DANBURY, CT 06811 City-St-Zip: City-St-Zip: DANBURY, CT 06811 Title: AED () Delete Title: () Change () Addition

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

Name:

Address:

City-St-Zip:

SIGNATURE: BARBARA BEATTY ED 03/18/2009