

2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000007210

FILED
Jan 14, 2012
Secretary of State

Entity Name: REGIONAL EMERGENCY MEDICINE SPECIALISTS, INC.

Current Principal Place of Business:

125 EAST MERRITT ISLAND CAUSEWAY
SUITE 209, #342
MERRITT ISLAND, FL 32952

New Principal Place of Business:

Current Mailing Address:

125 EAST MERRITT ISLAND CAUSEWAY
SUITE 209, #342
MERRITT ISLAND, FL 32952

New Mailing Address:

FEI Number: 65-0976110 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

WILLIAMS, DAVID T
725 S TROPICAL TRL
MERRITT ISLAND, FL 32952 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: P
Name: WILLIAMS, CAROL A
Address: 1318 ROXBURY AVE
City-St-Zip: JOHNSTOWN, PA 15905 US

Title: VP
Name: WILLIAMS, JESSICA L
Address: 725 S TROPICAL TRL
City-St-Zip: MERRITT ISLAND, FL 32952 US

Title: S
Name: WILLIAMS, DAVID T
Address: 725 S TROPICAL TRL
City-St-Zip: MERRITT ISLAND, FL 32952

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

SIGNATURE: CAROL A. WILLIAMS

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01/14/2012

_____ Electronic Signature of Signing Officer or Director

_____ Date