## 2011 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P09000009899

Entity Name: NORTHPORT EMERGENCY ASSOCIATES, P.A.

FILED Jan 13, 2011 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

2345 BOBCAT VILLAGE CENTER ROAD NORTH PORT, FL 34288

Current Mailing Address: New Mailing Address:

4216 WINDEMERE PLACE P.O. BOX 25127 SARASOTA, FL 34231 SARASOTA, FL 34277

FEI Number: 26-4153870 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:

PETRI, JANE E
4216 WINDEMERE PLACE
SARASOTA, FL 34231 US

EMRICK, KIM
C/O EMERGENCY CARE CENTER
1700 S TAMIAMI TRAIL
SARASOTA, FL 34239 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: KIM EMRICK 01/13/2011

Electronic Signature of Registered Agent Date

## **OFFICERS AND DIRECTORS:**

Title:

Name: HOLLAND, REUBEN W
Address: 1700 SOUTH TAMIAMI TRAIL
City-St-Zip: SARASOTA, FL 34239

Title:

Name: GERBER, JOEL

Address: 1700 SOUTH TAMIAMI TRAIL City-St-Zip: SARASOTA, FL 34239

Title: V

Name: COLGATE, WILLIAM
Address: 1700 SOUTH TAMIAMI TRAIL
City-St-Zip: SARASOTA, FL 34239

Title: V

Name: NEWMAN, STEVEN R Address: 1700 SOUTH TAMIAMI TRAIL City-St-Zip: SARASOTA, FL 34239

Title: V

Name: SCHREMMER, MICHAEL R Address: 1700 SOUTH TAMIAMI TRAIL City-St-Zip: SARASOTA, FL 34239

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: REUBEN W. HOLLAND P 01/13/2011