2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P09000009899

Entity Name: NORTHPORT EMERGENCY ASSOCIATES, P.A.

Feb 21, 2012 Secretary of State

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

2345 BOBCAT VILLAGE CENTER ROAD NORTH PORT, FL 34288

Current Mailing Address: New Mailing Address:

P.O. BOX 25127 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:

EMRICK, KIM THOMISON, JAMES E C/O EMÉRGENCY CARE CENTER 1819 MAIN STREET 1700 S TAMIAMI TRAIL SUITE 1110 SARASOTA, FL 34239 US SARASOTA, FL 34236 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: JAMES E. THOMISON 02/21/2012

> Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title:

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

Title: P/D

Name: GERBER, JOEL L

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

Title: S/D

JOHNSON, MARK Name:

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

Title: VP/D

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

Title:

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: JOEL L. GERBER P/D 02/21/2012