

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 19, 2007 8:00 am
Secretary of State

01-19-2007 90024 020 ***150.00

DOCUMENT # P93000001801 1. Entity Name SARASOTA EMERGENCY ASSOCIATES, P.A.					
Principal Place of Business C/O EMERGENCY CARE CENTER 1700 SOUTH TAMiami TRAIL SARASOTA, FL 34239			Mailing Address C/O EMERGENCY CARE CENTER 1700 SOUTH TAMiami TRAIL SARASOTA, FL 34239		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		01052007 Chg-P CR2E034 (12/06)	
Zip		Country		4. FEI Number 65-0376480	
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
KAMM, STEVEN W 1700 S. TAMiami TRAIL SARASOTA, FL 34239				Name Jane E. Petri Street Address (P.O. Box Number is Not Acceptable) 4216 Windemere Place City Sarasota FL Zip Code 34231	
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 <u>Jane E. Petri</u> <u>Jane E. Petri</u> <u>Group Director</u> <u>1/10/2007</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP NEWMAN, STEVEN R 1700 S. TAMiami TRAIL SARASOTA, FL 34239	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	President J. Albert Avila, MD 1700 S. Tamiami Trail Sarasota, FL 34239
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Vice President KAMM, STEVEN W 1700 S. TAMiami TRAIL SARASOTA, FL 34239	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Vice-President VP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP GARBY, BRIAN M 1700 S. TAMiami TRAIL SARASOTA, FL 34239	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP P. Charles Lippa 1700 S. Tamiami Trail Sarasota, FL 34239
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T KRUGLICK, BRUCE 1700 S. TAMiami TRAIL SARASOTA, FL 34239	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S HOLLAND, REUBEN M.D. 1700 S. TAMiami TRAIL SARASOTA, FL 34239	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP COLGATE, WILLIAM W 1700 S. TAMiami TRAIL SARASOTA, FL 34239	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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 607, 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: <u>Bruce Kruglick</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				Date <u>1/10/07</u> Daytime Phone # <u>941-917-8507</u>	