

**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

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

01-19-2007 90024 020 \*\*\*150.00

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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.

01052007 Chg-P CR2E034 (12/06)

City & State

City & State

4. FEI Number  
65-0376480

Applied For  
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired  \$8.75 Additional  
Fee Required

**6. Name and Address of Current 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 Jane E. Petri Jane E. Petri, Group Director 1/10/2007  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when renewing) DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution.

\$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	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<del>Vice President</del> KAMM, STEVEN W 1700 S. TAMiami TRAIL SARASOTA, FL 34239	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Vice - President → VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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	P. Charles Uppa 1700 S. Tamiami Trail Sarasota, FL 34239	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
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		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: Bruce H. Colgate

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/10/07

941-917-8507