

# 2009 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# P93000001801

FILED  
Aug 17, 2009  
Secretary of State

Entity Name: SARASOTA EMERGENCY ASSOCIATES, P.A.

## Current Principal Place of Business:

C/O EMERGENCY CARE CENTER  
1700 SOUTH TAMiami TRAIL  
SARASOTA, FL 34239

## New Principal Place of Business:

## Current Mailing Address:

C/O EMERGENCY CARE CENTER  
1700 SOUTH TAMiami TRAIL  
SARASOTA, FL 34239

## New Mailing Address:

FEI Number: 65-0376480      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

PETRI, JANE E  
4216 WINDEMERE PLACE  
SARASOTA, FL 34231      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: VP      ( ) Delete  
Name: AVILA, ALBERT J MD  
Address: 1700 S. TAMiami TRAIL  
City-St-Zip: SARASOTA, FL 34239

Title: VP      ( ) Delete  
Name: KAMM, STEVEN W  
Address: 1700 S. TAMiami TRAIL  
City-St-Zip: SARASOTA, FL 34239

Title: VP      ( ) Delete  
Name: GARBY, BRIAN M  
Address: 1700 S. TAMiami TRAIL  
City-St-Zip: SARASOTA, FL 34239

Title: VP      ( ) Delete  
Name: KRUGLICK, BRUCE  
Address: 1700 S. TAMiami TRAIL  
City-St-Zip: SARASOTA, FL 34239

Title: P      ( ) Delete  
Name: HOLLAND, REUBEN M.D.  
Address: 1700 S. TAMiami TRAIL  
City-St-Zip: SARASOTA, FL 34239

Title: VP      ( ) Delete  
Name: COLGATE, WILLIAM W  
Address: 1700 S. TAMiami TRAIL  
City-St-Zip: SARASOTA, FL 34239

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: REUBEN W. HOLLAND

P

08/17/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date

08/17/2009 12:57 Sarasota Emergency Assoc. P.A.

(FAX) 941 917 8551

P-001/003

P93000001801  
8-17-09



**Sarasota Emergency Associates, P.A.**  
*Serving Sarasota Memorial Hospital Since 1972*

Nicholas J. Angelastro, DO FACEP  
J. Albert Avila, MD FACEP  
Dean A. Christensen, MD  
William W. Colgate, MD FACEP

James A. DeRespino, MD FACEP  
Brian M. Garby, MD FACEP  
Joel L. Gerber, MD FACEP  
Reuben W. Holland III, MD FACEP

Mark C. Johnson, MD FACEP  
Steven W. Kamm, MD FACEP  
Bruce A. Kruglick, MD FACEP  
P. Charles Lipps, MD FAARM

W. Mark Mahoney, MD FACEP  
Steven R. Newman, MD FACEP  
Michael A. Schremmer, MD FACEP  
Timothy S. Schremmer, MD FACEP

Jane E. Petri, Practice Administrator  
Kim Emrick, Assistant Administrator  
Helen Bozhidan, Administrative Assistant

Florida Department of State  
Division of Corporations  
Corporate Filings  
P.O. Box 6327  
Tallahassee, FL 32314

August 17, 2009

RE: Addition of Officers  
Document #P93000001801

To Whom It May Concern:

Enclosed please find a copy of our 2009 Filed Annual Report as well as the Payment Receipt for amending our report today. We have 2 new Officers of our Corporation effective 5/01/09, unfortunately there are not enough available areas on your website to add them in on-line. Please add the following to our 2009 Annual Report:

Title	Name
Vice President	James DeRespino, M.D. —
Vice President	W. Mark Mahoney, M.D. —

The address and phone number are the same for both Officers: 1700 S. Tamiami Trail, Sarasota, Florida 34239. Please contact me at 941-917-8507 should you have any questions regarding this matter.

Sincerely,

Jane E. Petri, Registered Agent  
Sarasota Emergency Associates, P.A.

Sarasota Memorial Hospital  
Emergency Care Center  
1700 South Tamiami Trail • Sarasota, FL 34239  
Phone: (941) 917-8507 • Fax: (941) 917-8551