

2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P93000001801

FILED
Feb 08, 2010
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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: VP
Name: AVILA, ALBERT J MD
Address: 1700 S. TAMIAMI TRAIL
City-St-Zip: SARASOTA, FL 34239

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

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

Title: VP
Name: KRUGLICK, BRUCE
Address: 1700 S. TAMIAMI TRAIL
City-St-Zip: SARASOTA, FL 34239

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

Title: VP
Name: COLGATE, WILLIAM W
Address: 1700 S. 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: JANE E PETRI

REGI

02/08/2010

Electronic Signature of Signing Officer or Director

Date