

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P93000001801

FILED  
Jan 13, 2011  
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:**

P.O. BOX 25127  
SARASOTA, FL 34277

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:**

EMRICK, KIM  
C/O EMERGENCY CARE CENTER  
1700 S TAMIAMI TRAIL  
SARASOTA, FL 34239 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: KIM EMRICK

01/13/2011

Electronic Signature of Registered Agent

Date

**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: REUBEN HOLLAND

P

01/13/2011

Electronic Signature of Signing Officer or Director

Date