

2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P93000001801

FILED
Feb 21, 2012
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:

P.O. BOX 25127
SARASOTA, FL 34277

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:

EMRICK, KIM
C/O EMERGENCY CARE CENTER
1700 S TAMiami TRAIL
SARASOTA, FL 34239 US

Name and Address of New Registered Agent:

THOMISON, JAMES E
1819 MAIN STREET
SUITE 1110
SARASOTA, FL 34236 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: JAMES E. THOMISON

02/21/2012

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P/D
Name: GERBER, JOEL L MD
Address: 1700 S. TAMiami TRAIL
City-St-Zip: SARASOTA, FL 34239

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

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

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

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

Title: S/D
Name: JOHNSON, MARK M.D.
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: JOEL L. GERBER

P/D

02/21/2012

Electronic Signature of Signing Officer or Director

Date

**ANNUAL REPORT
ADDENDUM**

P93000001801
2/21/12

Document Number: P93000001801**Business Entity Name: SARASOTA EMERGENCY ASSOCIATES, P.A.****FEI/EIN Number: 65-0376480****Managing Member/Manager Name And Address****Name and Address #7**

Title	VP/D	
Name (Last, First, Middle, Title)	DeRespino, James	MD
Street Address	1700 South Tamiami Trail	
City, State	Sarasota FL	
Zip Code & Country	34239 US	

Name and Address #8

Title	VP/D	
Name (Last, First, Middle, Title)	Mahoney, Mark	MD
Street Address	1700 South Tamiami Trail	
City, State	Sarasota FL	
Zip Code & Country	34239 US	

Name and Address #9

Title	VP/D	
Name (Last, First, Middle, Title)	Newman, Steven	MD
Street Address	1700 South Tamiami Trail	
City, State	Sarasota FL	
Zip Code & Country	34239 US	

Name and Address #10

Title	VP/D	
Name (Last, First, Middle, Title)	Schremmer, Michael	MD
Street Address	1700 South Tamiami Trail	
City, State	Sarasota FL	
Zip Code & Country	34239 US	