

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 21, 2003 8:00 am**  
**Secretary of State**

01-21-2003 90147 026 \*\*\*150.00

DOCUMENT # **P93000001801**

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**

**60009325**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

CHECK HERE IF MAKING CHANGES

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

7. Name and Address of New Registered Agent

**KRUGLICK, BRUCE  
1700 S. TAMiami TRAIL  
SARASOTA FL 34239**

Name **Steven W. Kamm**

Street Address (P.O. Box Number is Not Acceptable)

**1700 S. Tamiami Trail**

City **Sarasota**

FL

Zip Code **34239**

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 *[Signature]*

Signature typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**1/7/2003**

**FILE NOW!!! FEE IS \$150.00**

**After May 1, 2003 Fee will be \$550.00**

**Make Check Payable to Florida Department of State**

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	<b>T</b>	<input type="checkbox"/> Delete
NAME	<b>NEWMAN, STEVEN R</b>	
STREET ADDRESS	<b>1700 S. TAMiami TRAIL</b>	
CITY-ST-ZIP	<b>SARASOTA FL 34239</b>	
TITLE	<b>VP</b>	<input type="checkbox"/> Delete
NAME	<b>SCHREMMER, MICHAEL A.</b>	
STREET ADDRESS	<b>1700 S. TAMiami TRAIL</b>	
CITY-ST-ZIP	<b>SARASOTA FL 34239</b>	
TITLE	<b>VP</b>	<input type="checkbox"/> Delete
NAME	<b>GARBY, BRIAN M</b>	
STREET ADDRESS	<b>1700 S. TAMiami TRAIL</b>	
CITY-ST-ZIP	<b>SARASOTA FL 34239</b>	
TITLE	<b>P</b>	<input type="checkbox"/> Delete
NAME	<b>KRUGLICK, BRUCE</b>	
STREET ADDRESS	<b>1700 S. TAMiami TRAIL</b>	
CITY-ST-ZIP	<b>SARASOTA FL 34239</b>	
TITLE	<b>S</b>	<input type="checkbox"/> Delete
NAME	<b>HOLLAND, REUBEN M.D.</b>	
STREET ADDRESS	<b>1700 S. TAMiami TRAIL</b>	
CITY-ST-ZIP	<b>SARASOTA FL 34239</b>	
TITLE	<b>VP</b>	<input type="checkbox"/> Delete
NAME	<b>CCOLGATE, WILLIAM W</b>	
STREET ADDRESS	<b>1700 S. TAMiami TRAIL</b>	
CITY-ST-ZIP	<b>SARASOTA FL 34239</b>	

TITLE	<b>Vice President</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>Newman, Steven R</b>	
STREET ADDRESS	<b>1700 S. Tamiami Trail</b>	
CITY-ST-ZIP	<b>Sarasota, FL 34239</b>	
TITLE	<b>President</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>Kamm, Steven W</b>	
STREET ADDRESS	<b>1700 S. Tamiami Trail</b>	
CITY-ST-ZIP	<b>Sarasota, FL 34239</b>	
TITLE	<b>Vice President</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>Angelastro, Nicholas J</b>	
STREET ADDRESS	<b>1700 S. Tamiami Trail</b>	
CITY-ST-ZIP	<b>Sarasota, FL 34239</b>	
TITLE	<b>Treasurer</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>Kruglick, Bruce</b>	
STREET ADDRESS	<b>1700 S. Tamiami Trail</b>	
CITY-ST-ZIP	<b>Sarasota, FL 34239</b>	
TITLE	<b>Vice President</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>Avila, Albert J</b>	
STREET ADDRESS	<b>1700 S. Tamiami Trail</b>	
CITY-ST-ZIP	<b>Sarasota, FL 34239</b>	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: *[Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**1/7/2003**

Date

**941-917-8507**

Daytime Phone #

CR2034 (10/02)