

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P93000033311

FILED  
Apr 14, 2009  
Secretary of State

**Entity Name:** PEDIATRIC EMERGENCY PHYSICIANS OF ST. PETERSBURG, P.A.

**Current Principal Place of Business:**

14050 NW 14TH ST  
SUITE 190  
FT. LAUDERDALE, FL 33323

**New Principal Place of Business:**

**Current Mailing Address:**

1900 WINSTON ROAD, SUITE 300  
KNOXVILLE, TN 37919

**New Mailing Address:**

1900 WINSTON ROAD, SUITE 300  
ATTN: LEGAL  
KNOXVILLE, TN 37919

**FEI Number:** 65-0410357

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 32301 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: PSTD ( ) Delete  
Name: HOLTZCLAW, STEPHEN M.D  
Address: 14050 NW 14TH ST., STE. 190  
City-St-Zip: FORT LAUDERDALE, FL 33323

Title: AS ( ) Delete  
Name: STAIR, JOHN  
Address: 1900 WINSTON ROAD, SUITE 300  
City-St-Zip: KNOXVILLE, TN 37919

Title: AT ( ) Delete  
Name: BELMAR, CAROLE  
Address: 1900 WINSTON ROAD, SUITE 300  
City-St-Zip: KNOXVILLE, TN 37919

**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:

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: JOHN STAIR

AS

04/14/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date