


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT


**FILED**  
**Mar 09, 2006 8:00 am**  
**Secretary of State**

03-09-2006 90150 003 \*\*\*150.00

<b>DOCUMENT # P94000093930</b>	
1. Entity Name <b>PARKLAND EMERGENCY ASSOCIATES, P.A.</b>	

Principal Place of Business <b>2901 SWANN AVENUE TAMPA, FL 33609 US</b>	Mailing Address <b>690 PONCE DE LEON SAINT PETERSBURG, FL 33715 US</b>
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2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

	
02202006 Chg-P	CR2E034 (11/05)
4. FEI Number <b>59-3288470</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent	
<b>SLESZYNSKI, JR., RAYMOND 2901 SWANN AVENUE TAMPA, FL 33609</b>	

7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	FL Zip Code

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	DATE
(NOTE: Registered Agent signature required when reinstating)	

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	PSTD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>SLESZYNSKI, JR., RAYMOND</b>	NAME	
STREET ADDRESS	<b>2901 SWANN AVENUE</b>	STREET ADDRESS	
CITY-ST-ZIP	<b>TAMPA, FL 33609</b>	CITY-ST-ZIP	
TITLE	D <input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>ABRAHAM, GEORGE</b>	NAME	
STREET ADDRESS	<b>2901 SWANN AVENUE</b>	STREET ADDRESS	
CITY-ST-ZIP	<b>TAMPA, FL 33609</b>	CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>GINGRICH, DERALD</b>	NAME	
STREET ADDRESS	<b>2901 SWANN AVE</b>	STREET ADDRESS	
CITY-ST-ZIP	<b>TAMPA, FL 33609</b>	CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>FARAG, NAGY</b>	NAME	
STREET ADDRESS	<b>2901 SWANN AVE</b>	STREET ADDRESS	
CITY-ST-ZIP	<b>TAMPA, FL 33609</b>	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: <b>Raymond Sleszynski Jr.</b>	Date: <b>3/1/06</b> 813/873-6445
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	