2011 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 04, 2011
Secretary of State

DOCUMENT# P95000085655

Entity Name: VENICE EMERGENCY MEDICAL ASSOCIATES, P.A.

Current Principal Place of Business:

540 RIALTO
VENICE, FL 34285

New Principal Place of Business:

Current Mailing Address:

PO BOX 232
VENICE, FL 34284

New Mailing Address:

FEI Number: 65-0617645 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

MOORE, JOHN L ESQ.
200 S ORANGE AVENUE
SARASOTA, FL 34236 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

OFFICERS AND DIRECTORS:

Title: PD
Name: MCFADDEN, PATRICK
Address: PO BOX 232
City-St-Zip: VENICE, FL 34284

Title: SD
Name: PFLUG, VINCENT
Address: PO BOX 232
City-St-Zip: VENICE, FL 34284

Title: D
Name: FELL, SCOTT
Address: PO BOX 232
City-St-Zip: VENICE, FL 34284

Title: D
Name: KUKULA, CHRISTINA
Address: PO BOX 232
City-St-Zip: VENICE, FL 34284

Title: D
Name: WOLCOTT, SUSAN
Address: PO BOX 232
City-St-Zip: VENICE, FL 34284

Title: D
Name: VASS, SUZANNA
Address: PO BOX 232
City-St-Zip: VENICE, FL 34284

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: PATRICK MCFADDEN PD 02/04/2011

Electronic Signature of Signing Officer or Director Date