2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 29, 2002 8:00 am
Secretary of State
04-29-2002 90198 011 ***150.00

DOCUMENT # P98000076698

1. Entity Name
BAYSIDE EMERGENCY PHYSICIANS, P.A.

Principal Place of Business	Mailing Address
1099 5TH AVE NORTH STE 340 ST. PETERSBURG FL 33705 US	1099 5TH AVE NORTH STE 340 ST. PETERSBURG FL 33705 US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number 59-3535333 ☐ Applied For ☐ Not Applicable

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
BRADLEY, TERESA A 1201 5TH AVE NORTH STE 202 ST. PETERSBURG FL 33705	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.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

FILE NOW!!! FEE IS $150.00
After May 1, 2002 Fee will be $550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D BRADLEY, TERESA A ~~1201 5TH AVE NORTH STE 202~~ 1099 5th Ave N, Suite 340 ST. PETERSBURG FL 33705 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP Schulman, Bebe 1099 5th Ave. North Suite 340 St. Petersburg, FL 33705 ☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D SMITH, RICHARD M ~~1201 5TH AVE NORTH STE 202~~ 1099 5th Ave N, Suite 340 ST. PETERSBURG FL 33705 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP Schremmer, Timothy 1099 5th Ave. North Suite 340 St. Petersburg, FL 33705 ☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D SIMPSON, LARRY L ~~1201 5TH AVE NORTH STE 202~~ 1099 5th Ave. N. ST. PETERSBURG FL 33705 Suite 340 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D GUIMOND, FRANCOIS ~~1201 5TH AVE NORTH STE 202~~ 1099 5th Ave N. ST. PETERSBURG FL 33705 Suite 340 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D BLEND, TIMOTHY ~~1201 5TH AVE NORTH STE 202~~ 1099 5th Ave N. SAINT PETERSBURG FL 33705 Suite 340 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP SCHACHTEL, ALLISON 1099 5TH AVE NORTH #340 SAINT PETERSBURG FL 33705 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

CR2E034 (9/01)

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Teresa A. Bradley Teresa A. Bradley 4/2/2002 (727) 825-1284
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #