

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 06, 2004 8:00 am
Secretary of State

07-06-2004 90001 029 ***550.00

DOCUMENT # P98000076698	
1. Entity Name BAYSIDE EMERGENCY PHYSICIANS, P.A.	

Principal Place of Business 1099 5TH AVE NORTH STE 340 ST. PETERSBURG, FL 33705 US	Mailing Address 1099 5TH AVE NORTH STE 340 ST. PETERSBURG, FL 33705 US
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J4UJ3776



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

07012004 Chg-P CR2E034 (10/03)

4. FEI Number 59-3535333	Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	

8. Name and Address of Current Registered Agent LARRY SIMPSON 1099 5TH AVENUE NORTH SUITE 340 ST. PETERSBURG, FL 33705		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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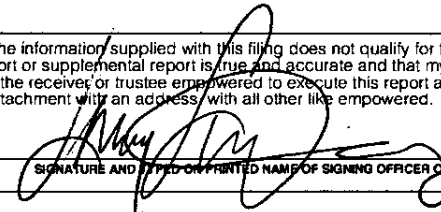
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$550.00 Due by September 8, 2004	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP SMITH, RICHARD M 1099 5TH AVE SUITE 3405 ST. PETERSBURG, FL 33705 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPT SIMPSON, LARRY L 1099 5TH AVE SUITE 3405 ST. PETERSBURG, FL 33705 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS GUIMOND, FRANCOIS 1099 5TH AVE SUITE 3405 ST. PETERSBURG, FL 33705 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BLEND, TIMOTHY 1099 5TH AVE SUITE 3405 SAINT PETERSBURG, FL 33705 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SCHACHTEL, ALLISON 1099 5TH AVE NORTH #340 SAINT PETERSBURG, FL 33705 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

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:  **Larry L. Simpson** 7/1/04 (727) 825-1284
SIGNATURE AND PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

Attachment

54059772

**2004 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P28000076698

BAYSIDE EMERGENCY PHYSICIANS, P.A.

Title Name Address City-ST-Zip	D SCHULMAN, BEBE 1099 5 TH AVENUE NORTH #340 SAINT PETERSBURG FL 33705	CHANGE
Title Name Address City-ST-Zip	D SCHREMMER, TIMOTHY 1099 5 TH AVENUE NORTH #340 SAINT PETERSBURG FL 33705	