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	Mailing Address
1099 5TH AVE NORTH STE 340 ST. PETERSBURG, FL 33705 US	1099 5TH AVE NORTH STE 340 ST. PETERSBURG, FL 33705 US

J20000776

07012004 Chg-P CR2E034 (10/03)

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
LARRY SIMPSON 1099 5TH AVENUE NORTH SUITE 340 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable. (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

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 TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

Attachment 54059772

2004 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000076698
BAYSIDE EMERGENCY PHYSICIANS, P.A.

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