2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 19, 2007 8:00 am
Secretary of State
04-19-2007 90187 016 ***150.00

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

Principal Place of Business	Mailing Address
500 DR MLK JR STREET N STE 303 ST. PETERSBURG, FL 33705 US	500 DR MLK JR STREET N STE 303 ST. PETERSBURG, FL 33705 US

04132007 Chg-P CR2E034 (12/06)

2. Principal Place of Business - No P.O. Box #	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

LARRY SIMPSON
500 DR MLK JR STREET N.
SUITE 303
ST. PETERSBURG, FL 33705

7. Name and Address of New Registered Agent

Name: FRANCOIS GUIMOND
Street Address (P.O. Box Number is Not Acceptable): 500 DR MLK JR STREET NORTH
STE 303
City: ST. PETERSBURG FL Zip Code: 33705

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

FILE NOW!!! FEE IS $150.00
After May 1, 2007 Fee will be $550.00

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 500 DR MLK JR STREET N #303 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 500 MLK JR STREET N #303 ST. PETERSBURG, FL 33705	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DS GUIMOND, FRANCOIS 500 DR MLK JR STREET N #303 ST. PETERSBURG, FL 33705	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D SCHACHTEL, ALLISON 500 DR MLK JR STREET N N #303 SAINT PETERSBURG, FL 33705	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D MURPHY, CECELE 500 DR MLK JR STREET N. #303 ST PETERSBURG FL 33705	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D SCHULMAN, BEBE 500 DR MLK JR STREET N #303 ST 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	D VAL-GARIJO, MONICA 500 DR MLK JR STREET N. #303 ST. PETERSBURG FL 33705	☐ Change ☒ Addition

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: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #