

2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P98000076698

FILED
Feb 18, 2010
Secretary of State

Entity Name: BAYSIDE EMERGENCY PHYSICIANS, P.A.

Current Principal Place of Business:

500 DR MLK JR STREET N
STE 303
ST. PETERSBURG, FL 33705 US

New Principal Place of Business:

Current Mailing Address:

500 DR MLK JR STREET N
STE 303
ST. PETERSBURG, FL 33705 US

New Mailing Address:

FEI Number: 59-3535333 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GUIMOND, FRANCOIS
500 DR MLK JR STREET N.
SUITE 303
ST. PETERSBURG, FL 33705 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D
Name: WENDELL, CATHERINE M
Address: 500 DR MLK JR STREET N #303
City-St-Zip: ST. PETERSBURG, FL 33705

Title: D
Name: SIMPSON, LARRY L
Address: 500 MLK JR STREET N #303
City-St-Zip: ST. PETERSBURG, FL 33705

Title: DP
Name: GUIMOND, FRANCOIS
Address: 500 DR MLK JR STREET N #303
City-St-Zip: ST. PETERSBURG, FL 33705

Title: DVS
Name: MURPHY, CECELE
Address: 500 DR MLK JR STREET N #303
City-St-Zip: SAINT PETERSBURG, FL 33705

Title: D
Name: SCHULMAN, BEBE
Address: 500 DR MLK JR STREET N #303
City-St-Zip: ST PETERSBURG, FL 33705

Title: D
Name: VAL-GARIJO, MONICA
Address: 500 DR MLK JR STREET N #303
City-St-Zip: SAINT PETERSBURG, FL 33705

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: FRANCOIS GUIMOND

DP

02/18/2010

Electronic Signature of Signing Officer or Director

_____ Date

P98000076698

2-18-10



EMERGENCY MEDICAL ASSOCIATES of FLORIDA, LLC

500 Martin Luther King Junior Street North, Suite 303, St. Petersburg, FL 33705

Phone: (727) 825-1284 • Fax: (727) 825-1362

February 18, 2010

Department of State
Division of Corporations
Corporate Filings
P.O. Box 6327
Tallahassee, FL 32314

Re: Additions to our Annual Report
DOCUMENT NUMBER P98000076698

Dear Sir or Madam:

We would like to add the following Officer/Director (s) to our annual filing report.

Title: D
Name: Feilinger, Stephen, S.
Address: 500 Dr. MLK Street North #303, St. Petersburg, FL 33705

Title: D
Name: Paul, Robert, W.
Address: 500 Dr. MLK Street North #303, St. Petersburg, FL 33705

Title: D
Name: Goldberg, Alison
Address: 500 Dr. MLK Street North #303, St. Petersburg, FL 33705

I've attached our 2010 online filing confirmation for your convenience. Please contact me at 727/825-1497 or emafarg@aol.com if you have any questions.

Thank you for your assistance in this matter.

Sincerely,

Alice Gent
Administrative Assistant
Emergency Medical Associates of Florida, L.L.C.
St. Anthony's Division

Attachment(s)