2011 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 04, 2011
Secretary of State

DOCUMENT# P98000076698

Entity Name: BAYSIDE EMERGENCY PHYSICIANS, P.A.

Current Principal Place of Business:

1099 FIFTH AVE N STE 270
ST PETERSBURG, FL 33705

New Principal Place of Business:

Current Mailing Address:

1099 FIFTH AVE N STE 270
ST PETERSBURG, FL 33705

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:

MURPHY, CECELE
1099 FIFTH AVE N STE 270
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

OFFICERS AND DIRECTORS:

Title: VP
Name: WENDELL, CATHERINE M
Address: 1099 5TH AVE NORTH STE 270
City-St-Zip: ST. PETERSBURG, FL 33705

Title: D
Name: SIMPSON, LARRY L
Address: 1099 5TH AVE NORTH STE 270
City-St-Zip: ST. PETERSBURG, FL 33705

Title: ST
Name: FEILINGER, STEPHEN
Address: 1099 5TH AVE NORTH STE 270
City-St-Zip: ST. PETERSBURG, FL 33705

Title: P
Name: MURPHY, CECELE
Address: 1099 5TH AVE NORTH STE 270
City-St-Zip: SAINT PETERSBURG, FL 33705

Title: D
Name: SCHULMAN, BEBE
Address: 1099 5TH AVE NORTH STE 270
City-St-Zip: ST PETERSBURG, FL 33705

Title: D
Name: VAL-GARIJO, MONICA
Address: 1099 5TH AVE NORTH STE 270
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: CECELE MURPHY P 04/04/2011

Electronic Signature of Signing Officer or Director Date

P98000076698

EMERGENCY MEDICAL ASSOCIATES OF FLORIDA, L.L.C.

1099 Fifth Avenue North, Suite 270, St. Petersburg, FL 33705
Phone: (727) 825-1284 · Fax: (727) 825-1385

March 24, 2011

4/4/11

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

Re: Additions to our Annual Report
DOCUMENT NUMBER P98000076698 - Bayside Emergency Physicians, P.A.

Dear Sir or Madam:

In addition to the attached form, we would like to add and/or make changes to the following Officer/Director (s) to our annual filing report.

Title: **D** *(add)*
Name: Cotter, Brian
Address: 1099 Fifth Avenue North, Suite 270, St. Petersburg, FL 33705

Title: **D**
Name: Goldberg, Alison **(formerly Schachtel)** *(please change last name)*
Address: 1099 Fifth Avenue North, Suite 270, St. Petersburg, FL 33705

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)