2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P98000076698

Entity Name: BAYSIDE EMERGENCY PHYSICIANS, P.A.

FILED Apr 04, 2011 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

1099 FIFTH AVE N STE 270 ST PETERSBURG, FL 33705

Current Mailing Address: New Mailing Address:

1099 FIFTH AVE N STE 270 ST PETERSBURG, FL 33705

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

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

MURPHY, CECELE 1099 FIFTH AVE N STE 270 ST PETERSBURG, FL 33705 US

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: [

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: F

Name: MURPHY, CECELE

Address: 1099 5TH AVE NORTH STE 270 City-St-Zip: SAINT PETERSBURG, FL 33705

Title: [

Name: SCHULMAN, BEBE

Address: 1099 5TH AVE NORTH STE 270 City-St-Zip: ST PETERSBURG, FL 33705

Title: D

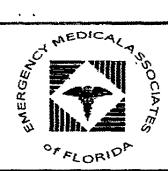
 Name:
 VAL-GARIJO, MONICA

 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



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

March 24, 2011

Department of State Division of Corporations Corporate Filings P.O. Box 6327 Tallahassee, FL 32314 4/4/11

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

Name:

Cotter, Brian

(add)

Address:

1099 Fifth Avenue North, Suite 270, St. Petersburg, FL 33705

Title:

D

Name: Address: Goldberg, Alison (formerly Schachtel) (please change last name)

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)