

2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P98000076698

FILED
Mar 21, 2012
Secretary of State

Entity Name: BAYSIDE EMERGENCY PHYSICIANS, P.A.

Current Principal Place of Business:

500 DR. MLK, JR. STREET NORTH
STE 270
ST PETERSBURG, FL 33705

New Principal Place of Business:

Current Mailing Address:

500 DR. MLK, JR. STREET NORTH
STE 270
ST PETERSBURG, FL 33705

New Mailing Address:

500 DR. MLK, JR. STREET NORTH
STE 303
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:

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

Name and Address of New Registered Agent:

MURPHY, CECELE
500 DR. MLK, JR. STREET NORTH
STE 303
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:

03/21/2012

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: VP
Name: WENDELL, CATHERINE M
Address: 500 DR. MLK, JR. STREET NORTH, STE 303
City-St-Zip: ST. PETERSBURG, FL 33705

Title: D
Name: ALISON, GOLDBERG
Address: 500 DR. MLK, JR. STREET NORTH, STE 303
City-St-Zip: ST. PETERSBURG, FL 33705

Title: ST
Name: FEILINGER, STEPHEN
Address: 500 DR. MLK, JR. STREET NORTH, STE 303
City-St-Zip: ST. PETERSBURG, FL 33705

Title: P
Name: MURPHY, CECELE
Address: 500 DR. MLK, JR STREET NORTH, STE303
City-St-Zip: SAINT PETERSBURG, FL 33705

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

Title: D
Name: VAL-GARIJO, MONICA
Address: 500 DR. MLK, JR. STREET NORTH, STE 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: CECELE MURPHY

P

03/21/2012

Electronic Signature of Signing Officer or Director

Date