

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000074747

FILED
Mar 06, 2007
Secretary of State

Entity Name: EMERGENCY PHYSICIANS OF ST. PETERSBURG, P.A.

Current Principal Place of Business:

603 7TH STREET SOUTH
SUITE 360
SAINT PETERSBURG, FL 33701 US

New Principal Place of Business:

Current Mailing Address:

603 7TH STREET SOUTH
SUITE 360
SAINT PETERSBURG, FL 33701 US

New Mailing Address:

FEI Number: 59-3597846 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HILLMAN, MICHAEL
603 7TH STREET SOUTH
SUITE 360
SAINT PETERSBURG, FL 33701 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 () Delete
Name: HILLMAN, MICHAEL D.O.
Address: 825 119TH AVE.
City-St-Zip: TREASURE ISLAND, FL 33706

Title: D () Delete
Name: HEDRICK, BRIAN D.O.
Address: 1702 ALLEN CREEK DR
City-St-Zip: CLEARWATER, FL 33764

Title: D () Delete
Name: DOOLEY, DONNA D.O.
Address: 2500 70TH AVE SOUTH
City-St-Zip: SAINT PETERSBURG, FL 33712

Title: D () Delete
Name: ACOSTA, ANTHONY M.D.
Address: 3004 SUNSET WAY
City-St-Zip: ST. PETE BEACH, FL 33706

Title: D () Delete
Name: LOZANO, MICHAEL M.D.
Address: 4824 LONGWATER WAY
City-St-Zip: TAMPA, FL 33615

Title: D () Delete
Name: LAWLESS, MICHAEL MD
Address: 677 CORTEZ DRIVE
City-St-Zip: TERRA VERDE, FL 33715

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: UPADHYAY, HITEN MD
Address: 7858 9TH AVE. SOUTH
City-St-Zip: ST. PETERSBURG, FL 33707

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: MICHAEL HILLMAN

D

03/06/2007

Electronic Signature of Signing Officer or Director

_____ Date