

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 14, 2008 8:00 am
Secretary of State

04-14-2008 90066 040 ***150.00

DOCUMENT # P99000074747

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



Principal Place of Business
**603 7TH STREET SOUTH
 SUITE 360
 SAINT PETERSBURG, FL 33701 US**

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

40068885



2. Principal Place of Business - No P.O. Box #
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

03282008 Chg-P CR2E034 (12/06)

City & State
 Zip Country

4. FEI Number
59-3597846

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**HILLMAN, MICHAEL
 603 7TH STREET SOUTH
 SUITE 360
 SAINT PETERSBURG, FL 33701**

7. Name and Address of New Registered Agent

Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00
 After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HILLMAN, MICHAEL D.O. 825 119TH AVE. TREASURE ISLAND, FL 33706 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HEDRICK, BRIAN D.O. 1702 ALLEN CREEK DR CLEARWATER, FL 33764 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DOOLEY, DONNA D.O. 2500 70TH AVE SOUTH SAINT PETERSBURG, FL 33712 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ACOSTA, ANTHONY M.D. 3004 SUNSET WAY ST. PETE BEACH, FL 33706 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D UPADHYAY, HITEN MD 7858 9TH AVE. SOUTH ST. PETERSBURG, FL 33707 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LAWLESS, MICHAEL MD 677 CORTEZ DRIVE TERRA VERDE, FL 33715 <input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Ayesha Hussein, MD 288 Beach Drive NE #7C St. Petersburg, FL. 33701 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DA Maribel Palacios 924 Addison Drive NE St. Petersburg, FL. 33716 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Beth Girgis 7612 Trason Court Tampa, FL. 33607 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Michael Hillman MD Michael Hillman Date: 4/01/2008 Daytime Phone #: 727-553-7300