

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000074747

FILED  
Mar 24, 2009  
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: UPADHYAY, HITEN MD  
Address: 7858 9TH AVE. SOUTH  
City-St-Zip: ST. PETERSBURG, FL 33707

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

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

I hereby certify that the information supplied with this filing does not qualify 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

Electronic Signature of Signing Officer or Director

PRES

03/24/2009

\_\_\_\_\_ Date