

# 2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000074747

FILED  
Feb 19, 2010  
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  
Name: HILLMAN, MICHAEL D.O.  
Address: 825 119TH AVE.  
City-St-Zip: TREASURE ISLAND, FL 33706

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

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

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

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

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

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: MICHAEL HILLMAN

D

02/19/2010

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date