

2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000074747

FILED
Jun 14, 2011
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

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: 4419 BAYSHORE BLVD.
City-St-Zip: ST. PETERSBURG, FL 33703

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 D. HILLMAN

D

06/14/2011

Electronic Signature of Signing Officer or Director

_____ Date