

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 24, 2008 8:00 am
Secretary of State

03-24-2008 90073 004 ***150.00

DOCUMENT # S72758 1. Entity Name EMERGENCY MEDICINE PROFESSIONALS, P.A.					
Principal Place of Business FLORIDA HOSPITAL DELAND 701 WEST PLYMOUTH AVE DELAND, FL 32721			Mailing Address 1530 CORNERSTONE BLVD DAYTONA BEACH, FL 32117 US		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 59-3082909	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				Applied For <input checked="" type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent SAWKO, WILLIAM M 1530 CORNERSTONE BLVD SUITE 200 DAYTONA BEACH, FL 32117			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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD HUNT, OWEN R. 1603 LAKESIDE DR. DELAND, FL	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD TUCKER, NANCY 17 LAUREL RIDGE BLVD ORMOND BEACH, FL 32174	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD KNIGHT, STEPHEN S. 11 IROQUOIS TR ORMOND BEACH, FL	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	JONES, ALLEN 1932 Southcreek Blvd PORT ORANGE, FL 32128	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SAWKO, WILLIAM M. 807 HENSEL HILL WEST PORT ORANGE, FL	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD BARRY, WAYNE 387 CADDIE DRIVE DEBERRY, FL 32713	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD MARTON, PAUL C. 240 N. KEPLER RD. DELAND, FL	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD NEWCOMER, GILARD 1674 CHERRY BLOSSOM TERRACE HEATON, FL 32746	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD DUVA, CHARLES D 345 S. ATLANTIC AVENUE ORMOND BEACH, FL 32176	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD DALALZO, JOHN 3 Princess Circle ORMOND BEACH, FL 32174	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD WEINER, TRACY 1971 WATERFORD EST NEW SMYRNA BEACH, FL 32168	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Y CHANNUGAM JAY 727 CRICKLEWOOD TERRACE LAKE MARY, FL 32746	<input type="checkbox"/> Change <input checked="" 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 or 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: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date: 5/08 Daytime Phone # _____		

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ATTACHMENT

5000/323

ADDITIONAL OFFICERS/DIRECTORS FOR
2008 FOR PROFIT CORPORATION ANNUAL REPORT

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EMERGENCY MEDICINE PROFESSIONALS, PA

ALL INDIVIDUALS LISTED ARE ADDITIONS:

12. TITLE: V
NAME: AMY KELLEY
STREET ADDRESS: 3015 LAKESHORE DRIVE
CITY-ST-ZIP: MT DORA, FL 32757

13. TITLE: V
NAME: J. JENNIFER ROBERTS
STREET ADDRESS: 4784 MICHAEL LANE
CITY-ST-ZIP: PONCE INLET, FL 32127

14. TITLE: V
NAME: WINSTON LIGHTBURN
STREET ADDRESS: 40 CIRCLE CREEK WAY
CITY-ST-ZIP: ORMOND BEACH, FL 32174