2010 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 01, 2010
Secretary of State

DOCUMENT# S72758

Entity Name: EMERGENCY MEDICINE PROFESSIONALS, P.A..

Current Principal Place of Business:

FLORIDA HOSPITAL DELAND
701 WEST PLYMOUTH AVE
DELAND, FL 32721

New Principal Place of Business:

Current Mailing Address:

1530 CORNERSTONE BLVD
DAYTONA BEACH, FL 32117 US

New Mailing Address:

1530 CORNERSTONE BLVD
SUITE 200
DAYTONA BEACH, FL 32117 US

FEI Number: 59-3082909 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SAWKO, WILLIAM M
1530 CORNERSTONE BLVD
SUITE 200
DAYTONA BEACH, FL 32117 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: VD
Name: KNIGHT, STEPHEN S
Address: 11 IROQUOIS TR
City-St-Zip: ORMOND BEACH, FL

Title: PD
Name: SAWKO, WILLIAM M
Address: 807 HENSEL HILL WEST
City-St-Zip: PORT ORANGE, FL

Title: SD
Name: MARTON, PAUL C
Address: 240 N. KEPLER RD.
City-St-Zip: DELAND, FL

Title: VD
Name: DUVA, CHARLES D
Address: 545 OCEANSHORE BLVD.
City-St-Zip: ORMOND BEACH, FL 32176

Title: TD
Name: WEINER, TRACY
Address: 1971 WATERFORD EST
City-St-Zip: NEW SMYRNA BEACH, FL 32168

Title: V
Name: CARAKER, MARK
Address: 572 MASALO PLACE
City-St-Zip: LAKE MARY, FL 32746

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: WILLIAM M. SAWKO PD 03/01/2010

Electronic Signature of Signing Officer or Director Date

S72758
T.S. 5/11/10

Emergency Medicine Professionals, P.A.					
Name	Street	City	State	Zip	Title
Dr. Wayne Barry	397 Caddie Drive	Debary	FL	32713	VD
Dr John Canalizo	3 Princess Circle	Ormond Beach	FL	32174	VD
Dr Jay Chanmugam	727 Cricklewood Ter	Lake Mary	FL	32746	V
Dr Charles Duva	545 Oceanshore Blvd.	Ormond Beach	FL	32176	VD
Dr. Allen Jones	1932 Southcreek Blvd	Port Orange	FL	32128	V
Dr Amy Kelley	3015 Lakeshore Drive	Mount Dora	FL	32757	V
Dr Stephen Knight	11 Iroquois Trail	Ormond Beach	FL	32174	VD
Dr Paul Marton	240 N. Kepler Road	Deland	FL	32720	SD
Dr Gerard Newcomer	955 Willow Garden Court	Lake Mary	FL	32746	VD
Dr JJ Roberts	4784 Michael Lane	Ponce Inlet	FL	32127	V
Dr William Sawko	807 Hensel Hill West	Port Orange	FL	32127	PD
Dr Nancy Tucker	418 Bouchelle Drive #402	New Smyrna Beach	FL	32169	VD
Dr Tracy Weiner	1971 Waterford Estate Drive	New Smyrna	FL	32168	TD
Dr Winston Lightburn	40 Circle Creek Way	Ormond Beach	FL	32174	V
Dr Mark Caraker	572 Masalo Place	Lake Mary	FL	32746	V
Dr. Timothy Huschke	1760 Timber Oaks Court	Deland	FL	32724	V