

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# S72758

FILED  
Mar 02, 2011  
Secretary of State

**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  
SUITE 200  
DAYTONA BEACH, FL 32117 US

**New Mailing Address:**

**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

**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: 105 RED SKY COURT  
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, MD

PRES

03/02/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date