

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

**APPROVED AND FILED**

**95 APR 28 AM 10: 33**

**SECRETARY OF STATE  
TALLAHASSEE, FLORIDA**

**CORPORATION  
ANNUAL REPORT  
1995**



FLORIDA DEPARTMENT OF STATE  
Sandra B. Northam  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # S95427 (8)**

1. Corporation Name  
**EMERGENCY MEDICAL ASSOCIATES OF TAMPA BAY, P.A.**

Principal Place of Business Mailing Address  
**P.O. BOX 15756 TAMPA FL 33604**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified **11/20/1991** 3a. Date of Last Report **05/10/1994**

4. FEI Number **59-3086659** Applied For  Not Applicable

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution  **\$5.00 May Be Added to Fees**

7. This corporation has liability for intangible tax under S. 199.032, Florida Statutes  Yes  No

2. Principal Place of Business 2a. Mailing Address  
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.  
22 City & State 27 City & State  
23 Zip 28 Zip  
24 Country 25 Country 29 Country 30 Country

9. Name and Address of Current Registered Agent

**PIDALA, ANTHONY I., JR.  
% ST. JOSEPH'S HOSPITAL  
3001 W. BUFFALO  
TAMPA FL 33607**

10. Name and Address of New Registered Agent

81 Name **Wilson, James A.**  
82 Street Address (P.O. Box Number is Not Acceptable) **c/o E.M.A. of Tampa Bay, P.A.**  
83 **4600 N. Habana, Suite 19**  
84 City **Tampa, FL** 85 Zip Code **33614**

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of corporation and title of representative. Registered Agent signature required when registering. DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PD
NAME	PIDALA, ANTHONY I., JR.
STREET ADDRESS	6902 SAPHIRE COURT
CITY, ST, ZIP	TAMPA FL
TITLE	UPD
NAME	TULSIK, DAVID F.
STREET ADDRESS	2424 W. TAMPABAY BLVD
CITY, ST, ZIP	TAMPA FL
TITLE	SD
NAME	SANTAMARIA, JOHN .
STREET ADDRESS	1804 E. PARK CIRCLE
CITY, ST, ZIP	TAMPA FL
TITLE	TD
NAME	WILSON, JAMES A., JR.
STREET ADDRESS	4823 BROWNING AVE.
CITY, ST, ZIP	TAMPA FL
TITLE	D
NAME	AMEY, BRENT D.
STREET ADDRESS	17912 GIMMS ROAD
CITY, ST, ZIP	TAMPA FL
TITLE	(SEE ATTACHED FOR MORE ADDITIONS)
STREET ADDRESS	
CITY, ST, ZIP	

1.1 TITLE	VD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Castellucci, Eric D.	
1.3 STREET ADDRESS	8703 Cypress Mill Court	
1.4 CITY, ST, ZIP	Tampa, FL 33647	
2.1 TITLE	VD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Elliott, Cynthia	
2.3 STREET ADDRESS	321 Harbor Passage	
2.4 CITY, ST, ZIP	Clearwater, FL 34630	
3.1 TITLE	VD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Holsonback, William	
3.3 STREET ADDRESS	1971 Brightwaters Blvd.	
3.4 CITY, ST, ZIP	St. Petersburg, FL 33704	
4.1 TITLE	VD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	Idsten, Wilfred G.	
4.3 STREET ADDRESS	101A E. Davis Blvd.	
4.4 CITY, ST, ZIP	Tampa, FL 33606	
5.1 TITLE	VD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	Lyon, Richard E.	
5.3 STREET ADDRESS	15311 Lake Maurine Drive	
5.4 CITY, ST, ZIP	Odessa, FL 33556	
6.1 TITLE	VD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	Rivera, Steve	
6.3 STREET ADDRESS	710 Pormenade Place	
6.4 CITY, ST, ZIP	Tampa, FL 33602	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(a), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Anthony I. Pidala* *James A. Wilson* *Brent D. Amey*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-2-95  
(813) 874 5107

**Additions:**

**VD**  
**Sand, I. Charles**  
**12903 Cinnamon Place**  
**Tampa, FL 33624**

**VD**  
**Abrunzo, Thomas J.**  
**2706 Foundtain Blvd.**  
**Tampa, FL 33609**

**VD**  
**Mooney, John P.**  
**6200 Fitzgerald Road**  
**Odessa, FL 33556**

**VD**  
**Perez, Alex**  
**807 Roxmere**  
**Tampa, FL 33609**

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