

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED
Feb 06 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
--	---	---

DOCUMENT # S95427 (8)
 1. Corporation Name
EMERGENCY MEDICAL ASSOCIATES OF TAMPA BAY, P.A.



Principal Place of Business P.O. BOX 15756 TAMPA FL 33694	Mailing Address P.O. BOX 15756 TAMPA FL 33684-5756
--	---

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

3. Date Incorporated or Qualified 11/20/1991	3a. Date of Last Report 03/19/1996
4. FEI Number 59-3096659	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**WILSON, JAMES A
 %E.M.A. OF TAMPA BAY P.A.
 4600 N. HABANA, SUITE 19
 TAMPA FL 33614**

10. Name and Address of New Registered Agent

81 Name
 82 Street Address (P.O. Box Number is Not Acceptable)
 83
 84 City **FL** 85 Zip Code

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 registered agent and date if applicable (NOTE: Registered Agent signature required when resigning) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	ABRUNZO, THOMAS J.	
STREET ADDRESS	2706 FOUNTAIN BLVD.	
CITY-ST-ZIP	TAMPA FL 33609	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	CASTELLUCCI, ERIC D.	
STREET ADDRESS	8703 CYPRESS MILL COURT	
CITY-ST-ZIP	TAMPA FL 33647	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	ELLIOTT, CYNTHIA	
STREET ADDRESS	321 HARBOR PASSAGE	
CITY-ST-ZIP	CLEARWATER FL 33556	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	IDSTEN, WILFRED G.	
STREET ADDRESS	101A E. DAVIS BLVD.	
CITY-ST-ZIP	TAMPA FL 33556	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	LYON, RICHARD E.	
STREET ADDRESS	15311 LAKE MAURINE DRIVE	
CITY-ST-ZIP	ODESSA FL 33556	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	MOONEY, JOHN P	
STREET ADDRESS	6200 FITZGERALD ROAD	
CITY-ST-ZIP	ODESSA FL 33556	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

Change Addition

Please see attached List.

1.1 TITLE
 1.2 NAME
 1.3 STREET ADDRESS
 1.4 CITY-ST-ZIP
 2.1 TITLE Change Addition
 2.2 NAME
 2.3 STREET ADDRESS
 2.4 CITY-ST-ZIP
 3.1 TITLE Change Addition
 3.2 NAME
 3.3 STREET ADDRESS
 3.4 CITY-ST-ZIP
 4.1 TITLE Change Addition
 4.2 NAME
 4.3 STREET ADDRESS
 4.4 CITY-ST-ZIP
 5.1 TITLE Change Addition
 5.2 NAME
 5.3 STREET ADDRESS
 5.4 CITY-ST-ZIP
 6.1 TITLE Change Addition
 6.2 NAME
 6.3 STREET ADDRESS
 6.4 CITY-ST-ZIP

700002080517
 -02/06/97--01058--044
 ***165.00

13 2/6

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: *[Signature]*

1/29/97

CR2E034 (9/96)

January 28, 1997

Emergency Medical Associates of Tampa Bay, PA

Please note the following changes and additions.

CHANGES:

Abrunzo, Thomas J. 2706 Fountain Blvd. Tampa, Fl. 33609	VD
---	----

ADDITIONS:

Perez, Alex 807 Roxmere Tampa, Fl. 33609	VD
--	----

Pidala, Anthony I. 629 S Riverhills Dr. Temple Terrace, Fl. 33617	VD
---	----

Santamaria, John P. 1804 E. Park Circle Tampa, Florida 33610	VD
--	----

Sand, Charles I. 12903 Cinnamon Place Tampa, Fl. 33624	TSD
--	-----

Tulsiak, David 2424 W. Tampa Bay Blvd. Tampa, Fl. 33607	VD
---	----

Wilson, James A. 4623 Browning Avenue Tampa, Fl. 33629	PD
--	----