

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

FILED

Mar 19 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # S95427 (8)
 1. Corporation Name
EMERGENCY MEDICAL ASSOCIATES OF TAMPA BAY, P.A.



Principal Place of Business P.O. BOX 15756 TAMPA FL 33684	Mailing Address P.O. BOX 15756 TAMPA FL 33684
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DO NOT WRITE IN THIS SPACE

21 2. Principal Place of Business Suite, Apt #, etc City & State Zip Country	26 2a. Mailing Address Suite, Apt #, etc City & State Zip Country
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3. Date Incorporated or Qualified 11/20/1991	
4. FEI Number 59-3096659	Applied For <input type="checkbox"/> 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 owes or has paid the current year Intangible Personal Property Tax due June 30. <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.
4800 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 _____ (NOTE: Registered Agent signature required when reinstating) 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 checked="" 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		
1.1 TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

(See Attached List)

14. I 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: *James Awikun MD* *(813) 874-5707*

CR2E034 (10/97)

**EMERGENCY MEDICAL ASSOCIATES
OF TAMPA BAY, P.A.**

OFFICERS

James A. Wilson, M.D.	President	(PD)
I. Charles Sand, M.D.	Co-Treasurer	(TD)
Cynthia Elliott, M.D.	CO-Treasurer	(TD)
Dennis Hernandez, M.D.	Vice President	(VD)
Richard E. Lyon, M.D.	Vice President	(VD)
Alex Perez, M.D.	Vice President	(VD)
Anthony Pidala, M.D.	Vice President	(VD)
Eric Castellucci, M.D.	Vice President	(VD)
James M. Davis, M.D.	Vice President	(VD)
Wilfred Idsten, M.D.	Vice President	(VD)
David Tulsiak, M.D.	Vice President	(VD)