2000 UNIFORM BUSINESS REPORT (UBR)

changed, or on an attachment with an address with all other like empayored - Treasurer

SIGNATURE:

FILED **DOCUMENT # \$95427** Jan 28, 2000 8:00 am 1. Entity Name Secretary of State EMERGENCY MEDICAL ASSOCIATES OF TAMPA BAY, P.A. 01-28-2000 90160 015 ***150.00 Principal Place of Business Mailing Address P.O. BOX 15756 P.O. BOX 15756 TAMPA FL 33684 TAMPA FL 33684-5756 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 59-3096659 Not Applicable \$8.75 Additional Country Zip Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent WILSON, JAMES A Street Address (P.O. Box Number is Not Acceptable) 4623 Browning Avenue: Tampa FL 33607 PRESIDENT Zip Code 8. 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 DATE (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11, 11. 12. VD MURPHY, WENDY E. Change Addition TITLE ☐ Delete TITLE CASTELLUCCI, ERIC D. NAME NAME 3212 Spring Green Dr. 9107 Woodbridge Run Dr STREET ADDRESS STREET ADDRESS Lutz, FL 33549 CITY-ST-ZIP Tampa, FL 33647 CITY-ST-7IP ✓ Addition ☐ Change TITLE ☐ Delete TITLE NICKER, DAVID A. ELLIOTT, CYNTHIA NAME 17835 Green Willow Dr. 321 HARBOR PASSAGE STREET ADDRESS STREET ADDRESS CO-TREASURER Tampa, FL 33647 CITY-ST-ZIP **CLEARWATER FL 33556** CITY-ST-ZIP _____ Change = - TAddition= ☐ Delete TITLE TITLE PEDALA; ANTHONY I. IDSTEN,-WILFRED:G:=--NAME MARKE -629 S. Riverhills Dr. 705 S. Boulevard Tempa FL 33606 STREET ADDRESS STREET ADDRESS Temple Terrace, FL 33616 VICE PRESIDENT CITY-ST-ZIP CITY-ST-ZIP Addition Change ☐ Delete TITLE TITLE TULSIAK, DAVID LYON, RICHARD E. NAME NAMÉ 2424 W. Tampa Bay Blvd. 15311 LAKE MAURINE DRIVE STREET ADDRESS STREET ADDRESS Tampa, FL 33607 CITY-ST-ZIP CITY-ST-ZIP ODESSA FL 33556 Addition TITLE Change □ Delete TITLE ROBELLI, JAMES NAME NAME 4812 Tannery Ave STREET ADDRESS STREET ADDRESS CITY-ST-ZIP Tampa, FL 33624 CITY-ST-ZIP Addition TITLE TITLE Delete SAND, CHARLES I. NAME NAME 12903 Cinnimon Place STREET ADDRESS STREET ADDRESS Tampa, FL 33624 CO-TREASURER CITY-ST-ZIP CITY-ST-ZIP 13. Thereby 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 report or supplemental 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 11 or Block 12 if

813-874-5707

Daytime Phone #