2001 UNIFORM BUSINESS REPORT (UBR)

Feb 28, 2001 8:00 am Secretary of State **DOCUMENT # \$95427** EMERGENCY MEDICAL ASSOCIATES OF TAMPA BAY, P.A. 02-28-2001 90008 021 ***150.00 Principal Place of Business Mailing Address P.O. BOX-15756 P.O. BOX 15756 JAMPA FL 33684 TAMPA FL 33684 2 Principal Place of Business 2727 W Martin Luther King Blvd 2727 W MLK Blvd Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE 300 #300 City & State City & State Applied For 4. FEI Number 59-3096659 Tampa, FL 33607 Tampa, FL 33607 Not Applicable Zip 33607 Country **Hillsborough** Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required Hil<u>lsborough</u> <u>33607</u> 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name WILSON, JAMES A Street Address (P.O. Box Number is Not Acceptable) %E.M.A. OF TAMPA BAY P.A. 4600 N. HABANA , SUITE 19 2727 W. Martin Luther King Blvd Suite 300 TAMPA FL 33914-Zip Code Tampa 33607 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. James A. Wilson, MD / President SIGNATURE (NOTE: Registered Agent signature required when reinstating) Signature, typed e 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, 2001 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 D' TORS IN 11 12. 11. ☐ Addition TITLE Delete CASTELLUCCI, ERIC D. NAME STREET ADDRESS 8107 WOODBRIDGE RUN DR STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIF TAMPA FL 33647 TITLE Delete TITLE Change ☐ Addition CoTreasurer NAME NAME ELLIOTT, CYNTHIA STREET ADDRESS STREET ADDRESS 321 HARBOR PASSAGE CITY-ST-ZIP CITY-ST-ZIP CLEARWATER FL 33556 Addition TITLE TITLE Delete IDSTEN, WIFRED G NAME NAME STREET ADDRESS STREET ADDRESS 705 S BLVD CITY-ST-ZIP CITY-ST-7IP TAMPA FL 33606 Change ☐ Addition TITLE TITLE Delete NAME NAME LYON, RICHARD E. STREET ADDRESS STREET ADDRESS 15311 LAKE MAURINE DRIVE CITY-ST-7IP CITY-ST-7IP ODESSA FL 33556 Change ☐ Addition Delete TITLE VΡ TITLE NAME PIDALA, ANTHONY I NAME STREET ADDRESS STREET ADDRESS 629 S RIVERHILLS DR CITY-ST-ZIP CITY-ST-ZIP **TEMPLE TERR FL 33616** TITLE Delete TITLE Change ☐ Addition NAME SAND, CHARLES I-NAME CoTreasurer STREET ADDRESS 12903 CINNIMON PL STREET ADDRESS CITY-ST-7/P CITY-ST-ZIP **TAMPA FL 33624** 13. 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 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

FILED

SIGNATURE: James A. Wilson, MD / President 813-874-5707

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Date Described Phone 4

changed, or on an attachment with an address, with all other like empowered.