

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 01, 2002 8:00 am
Secretary of State

04-01-2002 90730 001 ***150.00

DOCUMENT # S95427

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

Principal Place of Business 2727 W MARTIN LUTHER KING BLVD #300 TAMPA FL 33607	Mailing Address 2727 W MARTIN LUTHER KING BLVD #300 TAMPA FL 33607
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address		4. FEI Number 59-3096659		Applied For <input type="checkbox"/> Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required			
City & State		City & State					
Zip	Country	Zip	Country				

6. Name and Address of Current Registered Agent WILSON, JAMES A %E.M.A. OF TAMPA BAY P.A. 2727 W MARTIN LUTHER KING BLVD STE 300 TAMPA FL 33607				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code			
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/>	FILE NOW!!! FEE IS \$150.00 After May 1, 2002 Fee will be \$550.00 Make Check Payable to Department of State	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS				12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE <input checked="" type="checkbox"/> CT D	NAME ELLIOTT, CYNTHIA	STREET ADDRESS 2727 W. Martin Luther King Blvd #300	CITY-ST-ZIP Tampa, Florida 33607	TITLE <input checked="" type="checkbox"/> VP	NAME Idsten, Wilfred	STREET ADDRESS 2727 W. Martin Luther King Blvd. #300	CITY-ST-ZIP Tampa, FL 33607
TITLE <input type="checkbox"/>	NAME DVP PIDALA, ANTHONY I	STREET ADDRESS 2727 W. Martin Luther King Blvd #300	CITY-ST-ZIP Tampa, FL 33607	TITLE <input type="checkbox"/>	NAME	STREET ADDRESS	CITY-ST-ZIP
TITLE <input type="checkbox"/>	NAME DCT SAND, CHARLES I	STREET ADDRESS 2727 W. Martin Luther King Blvd. #300	CITY-ST-ZIP Tampa, FL 33607	TITLE <input type="checkbox"/>	NAME	STREET ADDRESS	CITY-ST-ZIP
TITLE <input checked="" type="checkbox"/> D/President	NAME Wilson, James A	STREET ADDRESS 2727 W. Martin Luther King Blvd. #300	CITY-ST-ZIP Tampa, FL 33607	TITLE <input type="checkbox"/>	NAME	STREET ADDRESS	CITY-ST-ZIP
TITLE <input checked="" type="checkbox"/> D/VP	NAME Tulsiak, David	STREET ADDRESS 2727 W. Martin Luther King Blvd. #300	CITY-ST-ZIP Tampa, FL 33607	TITLE <input type="checkbox"/>	NAME	STREET ADDRESS	CITY-ST-ZIP
TITLE <input checked="" type="checkbox"/> D/VP	NAME Hernandez, Dennis	STREET ADDRESS 2727 W. Martin Luther King Blvd. #300	CITY-ST-ZIP Tampa, FL 33607	TITLE <input type="checkbox"/>	NAME	STREET ADDRESS	CITY-ST-ZIP

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

SIGNATURE: _____ **3/15/02** **(813)874-5707**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

09-69869-00 CR2E034 (9/01)