

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# S95427

FILED
Mar 24, 2009
Secretary of State

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

Current Principal Place of Business:

2727 W MARTIN LUTHER KING BLVD
#300
TAMPA, FL 33607

New Principal Place of Business:

Current Mailing Address:

2727 W MARTIN LUTHER KING BLVD
#300
TAMPA, FL 33607

New Mailing Address:

FEI Number: 59-3096659 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

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 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: VP () Delete
Name: PEREZ, ALEX A
Address: 2727 W. MARTIN LUTHER KING BLVD, #300
City-St-Zip: TAMPA, FL 33607

Title: VP () Delete
Name: PIDALA, ANTHONY I
Address: 2727 W. MARTIN LUTHER KING BLVD, #300
City-St-Zip: TAMPA, FL 33607

Title: S () Delete
Name: SAND, CHARLES I
Address: 2727 W. MARTIN LUTHER KING BLVD, #300
City-St-Zip: TAMPA, FL 33607

Title: P () Delete
Name: WILSON, JAMES A
Address: 2727 W. MARTIN LUTHER KING BLVD, #300
City-St-Zip: TAMPA, FL 33607

Title: T () Delete
Name: TULSIK, DAVID
Address: 2727 W. MARTIN LUTHER KING BLVD, #300
City-St-Zip: TAMPA, FL 33607

Title: VP (X) Delete
Name: HERNANDEZ, DENNIS
Address: 2727 W. MARTIN LUTHER KING BLVD, #300
City-St-Zip: TAMPA, FL 33607

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JAMES A WILSON

Electronic Signature of Signing Officer or Director

P

03/24/2009

Date