

2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# S95427

FILED
Jan 07, 2011
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

OFFICERS AND DIRECTORS:

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

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

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

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

Title: T
Name: ROBELLI, JAMES
Address: 2727 W. MARTIN LUTHER KING BLVD, #300
City-St-Zip: TAMPA, FL 33607

I hereby 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 all other like empowered.

SIGNATURE: JAMES WILSON

DR

01/07/2011

Electronic Signature of Signing Officer or Director

_____ Date