

**2021 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P96000053136

**FILED**  
**Apr 09, 2021**  
**Secretary of State**  
**1044351482CC**

**Entity Name:** EMERGENCY MEDICINE OF FLORIDA, P.A.

**Current Principal Place of Business:**

3838 WEST NEPTUNE STREET  
SUITE D6  
TAMPA, FL 33629

**Current Mailing Address:**

265 BROOKVIEW CENTRE WAY, SUITE400  
ATTN: LEGAL DEPT.  
KNOXVILLE, TN 37919 US

**FEI Number: 59-3408287**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 32301-2525 US

*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

**Officer/Director Detail :**

Title           DIRECTOR, PRESIDENT  
Name           ROMIG, LEE ELLEN MD  
Address        3838 W. NEPTUNE STREET, SUITE D6  
City-State-Zip: TAMPA FL 33629

Title           AS  
Name           STAIR, JOHN  
Address        265 BROOKVIEW CENTRE WAY,  
                  SUITE 400  
City-State-Zip: KNOXVILLE TN 37919

Title           AT  
Name           BARRACK, JOHN  
Address        265 BROOKVIEW CENTRE WAY,  
                  SUITE 400  
City-State-Zip: KNOXVILLE TN 37919

Title           VP  
Name           CORVINI, MICHAEL MD  
Address        5870 NORTH HIATUS ROAD, SUITE  
                  200  
City-State-Zip: TAMARAC FL 33321

Title           VP  
Name           EVANS, ROB  
Address        5870 NORTH HIATUS ROAD, SUITE  
                  200  
City-State-Zip: TAMARAC FL 33321

Title           VP/TREASURER  
Name           LEONE, ALICE  
Address        5870 NORTH HIATUS ROAD, SUITE  
                  200  
City-State-Zip: TAMARAC FL 33321

*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: JOHN R. STAIR**

**ASSISTANT SECRETARY   04/09/2021**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date