

2022 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P96000053136

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

Current Principal Place of Business:

3838 WEST NEPTUNE STREET
SUITE D6
TAMPA, FL 33629

FILED
Apr 12, 2022
Secretary of State
4523450957CC

Current Mailing Address:

265 BROOKVIEW CENTRE WAY, SUITE 400
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 265 BROOKVIEW CENTRE WAY
 SUITE 400
City-State-Zip: KNOXVILLE TN 37919

Title VP
Name EVANS, ROB
Address 265 BROOKVIEW CENTRE WAY
 SUITE 400
City-State-Zip: KNOXVILLE TN 37919

Title VP/TREASURER
Name LEONE, ALICE
Address 265 BROOKVIEW CENTRE WAY
 SUITE 400
City-State-Zip: KNOXVILLE TN 37919

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 04/12/2022

Electronic Signature of Signing Officer/Director Detail

Date