

2016 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P98000076698

Entity Name: BAYSIDE EMERGENCY PHYSICIANS, P.A.**Current Principal Place of Business:**500 DR. MLK, JR. STREET NORTH
STE 303
ST PETERSBURG, FL 33705**Current Mailing Address:**500 DR. MLK, JR. STREET NORTH
STE 303
ST PETERSBURG, FL 33705**FEI Number:** 59-3535333**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**FEILINGER, STEPHEN
500 DR. MLK, JR. STREET NORTH
STE 303
ST PETERSBURG, FL 33705 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:** STEPHEN FEILINGER

02/09/2016

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title DIRECTOR
Name WENDELL, CATHERINE M
Address 500 DR. MLK, JR. STREET NORTH
STE 303
City-State-Zip: ST PETERSBURG FL 33705

Title D
Name ALISON, GOLDBERG
Address 500 DR. MLK, JR. STREET NORTH,
STE 303
City-State-Zip: ST. PETERSBURG FL 33705

Title PRESIDENT
Name FEILINGER, STEPHEN
Address 500 DR. MLK, JR. STREET NORTH
STE 303
City-State-Zip: ST PETERSBURG FL 33705

Title D
Name SCHULMAN, BEBE
Address 500 DR. MLK, JR STREET NORTH,
STE 303
City-State-Zip: ST PETERSBURG FL 33705

Title D
Name VAL-GARIJO, MONICA
Address 500 DR. MLK, JR. STREET NORTH,
STE 303
City-State-Zip: SAINT PETERSBURG FL 33705

Title DIRECTOR
Name KRYGOWSKI, JAMES
Address 500 DR. MLK, JR. STREET NORTH
STE 303
City-State-Zip: ST PETERSBURG FL 33705

Title TREASURER
Name PAUL, ROBERT
Address 500 DR. MLK, JR. STREET NORTH
STE 303
City-State-Zip: ST PETERSBURG FL 33705

Title DIRECTOR
Name BALL, DAVID
Address 500 DR. MLK, JR. STREET NORTH
STE 303
City-State-Zip: ST PETERSBURG FL 33705

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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: STEPHEN FEILINGER

PRESIDENT

02/09/2016

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title	DIRECTOR
Name	BARNES, JACQUELINE
Address	500 DR. MLK, JR. STREET NORTH STE 303
City-State-Zip:	ST PETERSBURG FL 33705