

**2020 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 US**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

03/05/2020

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

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

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

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

Title DIRECTOR  
Name MENDIOLA, LAWRENCE  
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

03/05/2020

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

|                 |                                          |
|-----------------|------------------------------------------|
| Title           | DIRECTOR                                 |
| Name            | MELLACE, CHRISTINE                       |
| Address         | 500 DR. MLK, JR. STREET NORTH<br>STE 303 |
| City-State-Zip: | ST PETERSBURG FL 33705                   |