

**2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L11000082417

**Entity Name:** EMERGENCY MEDICAL ASSOCIATES OF TAMPA BAY, LLC

**Current Principal Place of Business:**

2502 W. ST. ISABEL ST  
TAMPA, FL 33607

**Current Mailing Address:**

2502 W. ST. ISABEL ST  
TAMPA, FL 33607 US

**FEI Number: 45-2773050**

**Certificate of Status Desired: No**

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

SAMERSON, DION R MD  
2502 W. ST. ISABEL ST  
TAMPA, FL 33607 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:** DION R SAMERSON, MD

01/20/2023

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title            PRESIDENT  
Name            ROBELLI, JAMES MD  
Address        2502 W. ST. ISABEL ST  
City-State-Zip: TAMPA FL 33607

Title            TREASURER  
Name            RESTREPO, CHRIS MD  
Address        2502 W. ST. ISABEL ST  
City-State-Zip: TAMPA FL 33607

Title            MANAGER, CEO  
Name            SAMERSON, DION R MD  
Address        2502 W. ST. ISABEL ST  
City-State-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 a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** DION R SAMERSON

CEO

01/20/2023

Electronic Signature of Signing Authorized Person(s) Detail

Date