

**2018 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L11000082417

**FILED**  
**Feb 28, 2018**  
**Secretary of State**  
**CC8005425838**

**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:**

LEBER, IAN B  
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:** \_\_\_\_\_

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

|                 |                        |                 |                       |
|-----------------|------------------------|-----------------|-----------------------|
| Title           | MGR                    | Title           | MGR                   |
| Name            | SAND, CHARLES MD       | Name            | ROBELLI, JAMES MD     |
| Address         | 2502 W. ST. ISABEL ST  | Address         | 2502 W. ST. ISABEL ST |
| City-State-Zip: | TAMPA FL 33607         | City-State-Zip: | TAMPA FL 33607        |
|                 |                        |                 |                       |
| Title           | MGR                    | Title           | MANAGER               |
| Name            | PIDALA, ANTHONY JR, MD | Name            | LEBER, IAN MD         |
| Address         | 2502 W. ST. ISABEL ST  | Address         | 2502 W. ST. ISABEL ST |
| City-State-Zip: | TAMPA FL 33607         | 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: IAN LEBER MD**

**CEO**

**02/28/2018**

Electronic Signature of Signing Authorized Person(s) Detail

Date