

2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

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FILED
Jan 13, 2015
Secretary of State
CC8682602651

Entity Name: EMERGENCY MEDICAL ASSOCIATES OF TAMPA BAY, LLC

Current Principal Place of Business:

2502 W. ST. ISABEL
SUITE B
TAMPA, FL 33607

Current Mailing Address:

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

FEI Number: 45-2773050

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

MCCONNELL, WILLIAM E
2502 W. ST. ISABEL
SUITE B
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
Name ALEXANDER, ANDREW MD
Address 2502 W. ST. ISABEL
SUITE B
City-State-Zip: TAMPA FL 33607

Title MGR
Name CARMONA, MANUEL MD
Address 2502 W. ST. ISABEL
SUITE B
City-State-Zip: TAMPA FL 33607

Title MGR
Name KAHL, JAKUB MD
Address 2502 W. ST. ISABEL
SUITE B
City-State-Zip: TAMPA FL 33607

Title MGR
Name PIDALA, ANTHONY IJR, MD
Address 2502 W. ST. ISABEL
SUITE B
City-State-Zip: TAMPA FL 33607

Title CEO
Name MCCONNELL, WILLIAM E DR.
Address 2502 W. ST. ISABEL
SUITE B
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: WILLIAM E MCCONNELL

CEO

01/13/2015

Electronic Signature of Signing Authorized Person(s) Detail

Date