

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000001901

FILED
Feb 20, 2004
Secretary of State

Entity Name: SURFSIDE EMERGENCY ASSOCIATES, LLC

Current Principal Place of Business:

400 SOUTH POINTE DR., UNIT 2109
MIAMI BEACH, FL 33139

New Principal Place of Business:

Current Mailing Address:

400 SOUTH POINTE DR., UNIT 2109
MIAMI BEACH, FL 33139

New Mailing Address:

FEI Number: 01-0597955

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CAFFREY, THOMAS
400 SOUTH POINTE DR., UNIT 2109
MIAMI BEACH, FL 33139

Name and Address of New Registered Agent:

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

MANAGING MEMBERS/MEMBERS:

Title: MGRM () Delete
Name: PRATTUS, JAMES N MD
Address: 9016 BAY DR
City-St-Zip: SURFSIDE, FL 33154

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: PRATTAS, JAMES N MD
Address: 9016 BAY DR
City-St-Zip: SURFSIDE, FL 33154

Title: MGRM () Change (X) Addition
Name: CAFFREY, THOMAS A MD
Address: 400 SOUTH POINTE DRIVE #2109
City-St-Zip: MIAMI BEACH, FL 33139

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this 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 608, Florida Statutes.

SIGNATURE: THOMAS A. CAFFREY

MGRM

02/20/2004

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date