2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L05000019551

1. Entity Name
PALM BEACH EMERGENCY MEDICINE ASSOCIATES, P.L.

Principal Place of Business	Mailing Address
5301 S. CONGRESS AVENUE ATLANTIS, FL 33462 US	5301 S. CONGRESS AVENUE ATLANTIS, FL 33462 US

DO NOT WRITE IN THIS SPACE

04012008 No Chg-LLC   CR2E083 (12/07)

4. FEI Number	Applied For
20-2400939	Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

SANTINO, DANA M
1675 PALM BEACH LAKES BLVD.
SUITE 700
WEST PALM BEACH, FL 33041

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8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE_____

Signature, typed or printed name of registered agent and title if applicable   (NOTE: Registered Agent signature required when reinstating)   DATE

FILE NOW!!! FEE IS $138.75
After May 1, 2008 Fee will be $538.75

U00000881245
04/15/08-80093-016 138.75

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	RUMBALL, CASWELL J MD
STREET ADDRESS	5301 SOUTH CONGRESS AVE
CITY-ST-ZIP	ATLANTIS, FL 33462
TITLE	MGRM
NAME	SCHEPPKE, KENNETH A M.D.
STREET ADDRESS	5301 SOUTH CONGRESS AVE
CITY-ST-ZIP	ATLANTIS, FL 33462
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
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STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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: _____   4/02/08   561-548-3549

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE   Date   Daytime Phone #