

**2008 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**

**08 JUL 21 PM 1:24**

**SECRETARY OF STATE  
TALLAHASSEE, FLORIDA**

**DOCUMENT # M04000001468**

1. Entity Name  
**EMERGENCY AND ACUTE CARE MEDICAL COMPANY -  
SOUTHEAST, LLC**



Principal Place of Business  
**440 STEVENS AVE STE 150  
SOLANA BEACH, CA 92075**

Mailing Address  
**440 STEVENS AVE STE 150  
SOLANA BEACH, CA 92075**



07092008 No Chg-LLC

CR2E083 (12/07)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**30-0243491**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

**F & L CORP.  
ONE INDEPENDENT DRIVE  
SUITE 1300  
JACKSONVILLE, FL 32202**

**DO NOT WRITE  
IN THIS SPACE**

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 \$538.75  
Due by September 12, 2008**

**9. MANAGING MEMBERS/MANAGERS**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**MGR  
GRUEN, ARTHUR L  
440 STEVENS AVE STE 150  
SOLANA BEACH, CA 92075**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
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**700133392087**  
**07/24/08--01025--010 \*\*538.75**

**DO NOT WRITE  
IN THIS SPACE**

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:** \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

**July 16, 2008**

Date

**(858) 759-4765**

Daytime Phone #