

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000020055

**FILED**  
**Mar 12, 2009**  
**Secretary of State**

**Entity Name:** SJE EMERGENCY MEDICINE, PL

**Current Principal Place of Business:**

1200 BRICKELL BAY DRIVE  
APT 2206  
MIAMI, FL 33131

**New Principal Place of Business:**

**Current Mailing Address:**

1200 BRICKELL BAY DRIVE  
APT 2206  
MIAMI, FL 33131

**New Mailing Address:**

**FEI Number:** **FEI Number Applied For (X)** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

LIMITED AGENT SERVICES, LLC  
11900 BISCAYNE BLVD  
280  
MIAMI, FL 33181 US

**Name and Address of New Registered Agent:**

ELETTO, SARAH  
1200 BRICKELL BAY DRIVE  
APT 2206  
MIAMI, FL 33131 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: SARAH ELETTO

03/12/2009

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: ELETTO, SARAH  
Address: 1200 BRICKELL BAY DRIVE, APT 2206  
City-St-Zip: MIAMI, FL 33131

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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: SARAH ELETTO

MGRM

03/12/2009

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