2010 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 02, 2010
Secretary of State

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Entity Name: CARRAWAY EMERGENCY PHYSICIANS, LLC

Current Principal Place of Business:

3107 STIRLING ROAD, SUITE 300
FT. LAUDERDALE, FL 33312

New Principal Place of Business:

3107 STIRLING ROAD, STE 300
FT. LAUDERDALE, FL 33312

Current Mailing Address:

6400 ATLANTIC BOULEVARD
LEGAL DEPT.
JACKSONVILLE, FL 32211

New Mailing Address:

6400 ATLANTIC BOULEVARD
ATTN: LEGAL DEPT.
JACKSONVILLE, FL 32211

FEI Number: 20-2991132 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 US

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/MANAGERS:

Title: MGR
Name: SCHILLINGER, JEFFREY
Address: 3107 STIRLING ROAD, STE 300
City-St-Zip: FT. LAUDERDALE, FL 33312

Title: MGR
Name: SCHILLINGER, DAVID MD
Address: 3107 STIRLING ROAD, STE 300
City-St-Zip: FT. LAUDERDALE, FL 33312

Title: MGR
Name: CRASS, SARAH C.H.
Address: 6400 ATLANTIC BLVD
City-St-Zip: JACKSONVILLE, FL 32211

I hereby 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 Statues.

SIGNATURE: SARAH C.H. CRASS MGR 04/02/2010

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