

**2016 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L05000019551

**FILED**  
**Apr 17, 2016**  
**Secretary of State**  
**CC0912123959**

**Entity Name:** PALM BEACH EMERGENCY MEDICINE ASSOCIATES, P.L.

**Current Principal Place of Business:**

5301 S. CONGRESS AVENUE  
ATLANTIS, FL 33462

**Current Mailing Address:**

5301 S. CONGRESS AVENUE  
ATLANTIS, FL 33462 US

**FEI Number:** 20-2400939

**Certificate of Status Desired:** No

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

KENNEDY, P. TODD  
14 S.E. 4TH STREET  
SUITE 36  
BOCA RATON, FL 33432 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:** P. TODD KENNEDY

04/17/2016

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title MGRM  
Name RUMBALL, CASWELL JMD  
Address 5301 SOUTH CONGRESS AVE  
City-State-Zip: ATLANTIS FL 33462

Title MGRM  
Name SCHEPPKE, KENNETH AM.D.  
Address 5301 SOUTH CONGRESS AVE  
City-State-Zip: ATLANTIS FL 33462

*I hereby certify that the information indicated on this report or supplemental 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 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** CASWELL JOHN RUMBALL

MGRM

04/17/2016

Electronic Signature of Signing Authorized Person(s) Detail

Date