

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 03, 2006 8:00 am**  
**Secretary of State**

04-03-2006 90074 037 \*\*\*\*55.00

**DOCUMENT # L00000009928**

**1. Entity Name**  
**EMERGENCY MEDICINE SPECIALISTS, P.L.C.**



**Principal Place of Business**  
8383 NORTH DAVIS HIGHWAY  
PENSACOLA, FL 32514

**Mailing Address**  
8383 NORTH DAVIS HIGHWAY  
PENSACOLA, FL 32514

**20024038**



**2. Principal Place of Business**

**3. Mailing Address**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

03152006 Chg-LLC CR2E083 (11/05)

Zip

Country

Zip

Country

**4. FEI Number**  
**59-3670067**

Applied For  
Not Applicable

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

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

**7. Name and Address of New Registered Agent**

DUPUIS, MICHAEL L M.D.  
8383 NORTH DAVIS HIGHWAY  
PENSACOLA, FL 32514

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

**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

**Filing Fee is \$50.00**  
**Due by May 1, 2006**

**Make check payable to**  
**Florida Department of State**

**9. MANAGING MEMBERS/MANAGERS**

**10. ADDITIONS/CHANGES**

**TITLE** MGRM ☐ Delete  
**NAME** DUPUIS, MICHAEL L M.D.  
**STREET ADDRESS** 735 TANGLEWOOD  
**CITY-ST-ZIP** PENSACOLA, FL 32503

**TITLE** ☒ Change ☐ Addition  
**NAME** Michael L Dupuis MD PA  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**TITLE** MGRM ☒ Delete  
**NAME** TOUPS, VINCENT J MD  
**STREET ADDRESS** 2430 BAYSHORE DR.  
**CITY-ST-ZIP** GULF BREEZE, FL 32561

**TITLE** ☒ Change ☐ Addition  
**NAME** MGRM  
**STREET ADDRESS** MARK G. STAVROS, MD PA  
**CITY-ST-ZIP** 5429 Soundside Dr.  
Gulf Breeze, FL 32561

**TITLE** ☐ Delete  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**TITLE** ☒ Change ☐ Addition  
**NAME** MGRM  
**STREET ADDRESS** THOMAS L. BROWN, MD  
**CITY-ST-ZIP** 3777 Mackey Cove Dr.  
PENSACOLA, FL 32514

**TITLE** ☐ Delete  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**TITLE** ☐ Change ☐ Addition  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**TITLE** ☐ Delete  
**NAME**  
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**CITY-ST-ZIP**

**TITLE** ☐ Change ☐ Addition  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**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:** *Michael L Dupuis*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

850494  
X 32306 X 6565