


**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT.**

FILED
Feb 26, 2007 08:00 AM
Secretary of State

DOCUMENT # L00000009928 1. Entity Name EMERGENCY MEDICINE SPECIALISTS, P.L.C.	
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Principal Place of Business 8383 NORTH DAVIS HIGHWAY PENSACOLA, FL 32514	Mailing Address 8383 NORTH DAVIS HIGHWAY PENSACOLA, FL 32514
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DO NOT WRITE IN THIS SPACE



01242007 No Chg-LLC CR2E083 (11/05)

4. FEI Number 59-3670067	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent DUPUIS, MICHAEL L M.D. 8383 NORTH DAVIS HIGHWAY PENSACOLA, FL 32514
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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

**Filing Fee is \$50.00
Due by May 1, 2007**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MICHAEL L. DUPUIS, M.D., P.A. 735 TANGLEWOOD PENSACOLA, FL 32503
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MARK G. STAVROS, M.D., P.A. 5429 SOUNDSIDE DRIVE GULF BREEZE, FL 32561
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM BROWN, THOMAS L M.D. 3777 MACKEY COVE DRIVE PENSACOLA, FL 32514
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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<p>U000000648520 03/07/07-80012-023 50.00</p> <p>DO NOT WRITE IN THIS SPACE</p>
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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 606, Florida Statutes.

SIGNATURE: _____ **2.21.06 800.932.5665**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #