

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 31, 2008 08:00 A
Secretary of State

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



01092008No Chg-LLC

GR2E083 (12/07)

DO NOT WRITE IN THIS SPACE

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

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

**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

FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75

U00000874142
04/10/08-80107-012 138.75

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

3/28/08

850 932 5335