

# LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 03, 2003 8:00 am**  
**Secretary of State**

03-03-2003 90006 017 \*\*\*\*55.00

DOCUMENT # L00000009928

1. Entity Name

EMERGENCY MEDICINE SPECIALISTS, P.L.C.



**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

8383 NORTH DAVIS HIGHWAY

Suite, Apt. #, etc.

3. Mailing Address

8383 NORTH DAVIS HIGHWAY

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

PENSACOLA FL

City & State

PENSACOLA FL

4. FEI Number

59-3670067

Applied For

Not Applicable

Zip

32514

Country

USA

Zip

32514

Country

USA

5. Certificate of Status Desired

☒

**\$5.00** Additional  
Fee Required

7. Name and Address of Current Registered Agent

Name

MICHAEL L. DUPUIS, M.D.

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

8383 NORTH DAVIS HIGHWAY

City

PENSACOLA

FL

Zip Code

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

DATE

**FEE IS \$50.00**

**Make Check Payable to Florida Department of State  
DUE BY MAY 1**

9. MANAGING MEMBERS/MANAGERS

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
MGRM  
VINCENT J. TOUPS, MD  
2430 Bayshore Drive  
Gulf Breeze 32561

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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NAME  
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CITY-ST-ZIP

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IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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, MANAGER, OR AUTHORIZED REPRESENTATIVE

2/26/03

Date

850 494-6560

Daytime Phone #

CR2E083B (12/02)