

2011 LIMITED LIABILITY COMPANY ANNUAL REPORT

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FILED
Mar 24, 2011
Secretary of State

Entity Name: NAPLES EMERGENCY PHYSICIANS, L.L.C.

Current Principal Place of Business:

PHYSICIANS REGIONAL MEDICAL CENTER
6101 PINE RIDGE BLVD; EMERGENCY DEPT
NAPLES, FL 34119

New Principal Place of Business:

Current Mailing Address:

22 SE 17TH AVENUE
FORT LAUDERDALE, FL 33301

New Mailing Address:

FEI Number: 65-1063572

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MARTUS, JAY A
1613 NORTH HARRISON PARKWAY
SUITE 200
SUNRISE, FL 33323 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM
Name: WEBER, ROBERT E
Address: 22 SE 17TH AVENUE
City-St-Zip: FORT LAUDERDALE, FL 33301

I hereby certify that the information indicated on this 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 608, Florida Statutes.

SIGNATURE: ROBERT E. WEBER

MGRM

03/24/2011

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date