

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L00000015914

**FILED**  
**Mar 29, 2012**  
**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:**

22 SE 17TH AVENUE  
FORT LAUDERDALE  
FLORIDA, FL 33301

**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:**

WEBER, ROBERT E  
22 SE 17TH AVE  
FORT LAUDERDALE, FL 33301 US

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: ROBERT E WEBER

03/29/2012

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

03/29/2012

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