

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L00000015920

FILED
Feb 17, 2004
Secretary of State

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

Current Principal Place of Business:

CLEVELAND CLINIC FLORIDA HOSPITAL
3100 WESTON ROAD; EMERGENCY DEPARTMENT
WESTON, FL 33323

New Principal Place of Business:

Current Mailing Address:

616 ROYAL PLAZA DRIVE
FT. LAUDERDALE, FL 33301

New Mailing Address:

FEI Number: 65-1063579

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/MEMBERS:

Title: MGRM () Delete
Name: WEBER, ROBERT E
Address: 616 ROYAL PLAZA DRIVE
City-St-Zip: FT. LAUDERDALE, FL 33301

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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

02/17/2004

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