

# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L00000015920

FILED  
Apr 11, 2005  
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:**

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

**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

04/11/2005

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