

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L00000015920

FILED  
Apr 25, 2006  
Secretary of State

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

**Current Principal Place of Business:**

CLEVELAND CLINIC WESTON  
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:**

22 SE 17TH AVENUE  
FT. LAUDERDALE, FL 33301

**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/MANAGERS:**

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

**ADDITIONS/CHANGES:**

Title: MGRM (X) Change ( ) Addition  
Name: WEBER, ROBERT E  
Address: 22 SE 17TH AVENUE  
City-St-Zip: FT. LAUDERDALE, FL 33301

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, 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 WEBER

MGRM

04/25/2006

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