2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L01000007924

Entity Name: EMERGENCY PHYSICIANS OF NAPLES, P.L.

FILED Jan 21, 2004 Secretary of State

Date

Current Principal Place of Business: New Principal Place of Business:

1112 GOODLETTE RD STE 204 NAPLES, FL 34102

Current Mailing Address: New Mailing Address:

1112 GOODLETTE RD STE 204 NAPLES, FL 34102

FEI Number: 59-3719767 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

TOBER, ROBERT BOYD M.D. KREMBS, GERHARD T M.D. 2240 SOUTHWINDS DRIVE 1112 GOODLETTE ROAD NAPLES, FL 34120 204

NAPLES, FL 34102

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: GERHARD KREMBS, M.D.

01/21/2004

Electronic Signature of Registered Agent

MANAGING MEMBERS/MEMBERS: ADDITIONS/CHANGES:

MGR () Delete (X) Change () Addition TOBER, ROBERT BOYD MD KREMBS, GERHARD T MD Name: Name: 1112 GOODLETTE ROAD STE 204 Address: 1112 GOODLETTE ROAD STE 204 Address:

City-St-Zip: NAPLES, FL 34120 City-St-Zip: NAPLES, FL 34120

Title: MGR Title: MGR (X) Change () Addition () Delete WALTERS, CAROLYN MD Name: WEST, STEVEN MD Name: Address: 1112 GOODLETTE RD STE 204 Address: 1112 GOODLETTE RD STE 204

City-St-Zip: NAPLES, FL 34120 City-St-Zip: NAPLES, FL 34120

Title: MGR () Delete Title: MGR (X) Change () Addition MEDINA, TYRONE J MD ROSENFIELD, JEFFREY MD Name: Name: 1112 GOODLETTE RD STE 204 Address: Address: 1112 GOODLETTE RD STE 204

City-St-Zip: City-St-Zip: NAPLES, FL 34120 NAPLES, FL 34120

() Delete Title: MGR Title: () Change () Addition

SPONAUGLE, JACK DO Name: Name: Address: 1112 GOODLETTE RD STE 204 Address: City-St-Zip: NAPLES, FL 34120 City-St-Zip:

Title: MGR () Delete Title: MGR (X) Change () Addition KREMBS, GERHARD MD LEWIS, JOHN MD

Name: Name:

1112 GOODLETTE RD STE 204 1112 GOODLETTE RD STE 204 Address: Address:

City-St-Zip: NAPLES, FL 34102 City-St-Zip: NAPLES, FL 34102

Title: () Delete Title: () Change (X) Addition SHUTER, ANDREW D.O. Name: Name:

Address: Address: 1112 GOODLETTE ROAD SUITE 204

NAPLES, FL 34102 City-St-Zip: 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: GERHARD KREMBS, M.D. 01/21/2004