2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 30, 2008
Secretary of State

DOCUMENT# L01000007924

Entity Name: EMERGENCY PHYSICIANS OF NAPLES, LLC

Current Principal Place of Business:

1112 GOODLETTE RD
STE 204
NAPLES, FL 34102

New Principal Place of Business:

Current Mailing Address:

1112 GOODLETTE RD
STE 204
NAPLES, FL 34102

New Mailing Address:

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

Name and Address of Current Registered Agent:

KREMBS, GERHARD M.D.
1112 GOODLETTE ROAD
204
NAPLES, FL 34102 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:	KREMBS, GERHARD MD	
Address:	1112 GOODLETTE ROAD STE 204	
City-St-Zip:	NAPLES, FL 34120	
Title:	MGRM	( ) Delete
Name:	HINTZ, KIRK A	
Address:	1112 GOODLETTE RD STE 204	
City-St-Zip:	NAPLES, FL 34120	
Title:	MGRM	( ) Delete
Name:	DELARIVAHERRERA, ALBERTO MD	
Address:	1112 GOODLETTE RD STE 204	
City-St-Zip:	NAPLES, FL 34120	
Title:	MGRM	( ) Delete
Name:	SPONAUGLE, JOHN DO	
Address:	1112 GOODLETTE RD STE 204	
City-St-Zip:	NAPLES, FL 34120	
Title:	MGRM	( ) Delete
Name:	LEWIS, JOHN MD	
Address:	1112 GOODLETTE RD STE 204	
City-St-Zip:	NAPLES, FL 34102	
Title:	MGRM	( ) Delete
Name:	WALTERS, CAROLYN MD	
Address:	1112 GOODLETTE ROAD SUITE 204	
City-St-Zip:	NAPLES, FL 34102	

ADDITIONS/CHANGES:

Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:	MGRM	(X) Change ( ) Addition
Name:	AROSEMENA, JOSE MD	
Address:	1112 GOODLETTE ROAD SUITE 204	
City-St-Zip:	NAPLES, FL 34102	

I hereby certify that the information supplied with this filing does not qualify 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: KIRK A HINTZ MGRM 04/30/2008

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