

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L01000007924

FILED
Apr 15, 2009
Secretary of State

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:

LEWIS, JOHN M.D.
1112 GOODLETTE ROAD
204
NAPLES, FL 34102 US

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: JOHN LEWIS, MD

04/15/2009

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: AROSEMENA, JOSE MD
Address: 1112 GOODLETTE ROAD SUITE 204
City-St-Zip: NAPLES, FL 34102

ADDITIONS/CHANGES:

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

Title: MGRM (X) Change () Addition
Name: CAMINA, TAMARA MD
Address: 1112 GOODLETTE RD STE 204
City-St-Zip: NAPLES, FL 34120

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:

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: JOHN LEWIS, MD

CMO

04/15/2009

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