

2011 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L01000007924

FILED
May 05, 2011
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:

LEWIS, JOHN 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
Name: KREMBS, GERHARD MD
Address: 1112 GOODLETTE ROAD STE 204
City-St-Zip: NAPLES, FL 34120

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

Title: MGRM
Name: DELARIVAHERRERA, ALBERTO MD
Address: 1112 GOODLETTE RD STE 204
City-St-Zip: NAPLES, FL 34120

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

Title: MGRM
Name: LEWIS, JOHN MD
Address: 1112 GOODLETTE RD STE 204
City-St-Zip: NAPLES, FL 34102

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

I hereby 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

PRES

05/05/2011

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