

# 2012 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L01000007924

FILED  
Apr 26, 2012  
Secretary of State

**Entity Name:** NAPLES EMERGENCY CONSULTANTS, LLC

**Current Principal Place of Business:**

6400 DAVIS BLVD.  
SUITE 103  
NAPLES, FL 34104

**New Principal Place of Business:**

**Current Mailing Address:**

6400 DAVIS BLVD.  
SUITE 103  
NAPLES, FL 34104

**New Mailing Address:**

**FEI Number:** 59-3719767

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

**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

PRES

04/26/2012

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