

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000008295

FILED
Jul 01, 2004
Secretary of State

Entity Name: SEBRING EMERGENCY PHYSICIANS, LLC

Current Principal Place of Business:

3107 STIRLING ROAD, SUITE 101
FORT LAUDERDALE, FL 33312

New Principal Place of Business:

Current Mailing Address:

3107 STIRLING ROAD, SUITE 101
FORT LAUDERDALE, FL 33312

New Mailing Address:

FEI Number: 03-0427705

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 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/MEMBERS:

Title: P () Delete
Name: SCHILLINGER, JEFFREY
Address: 3107 STIRLING ROAD, SUITE 101
City-St-Zip: FORT LAUDERDALE, FL 33312

Title: V () Delete
Name: SCHILLINGER, DAVID
Address: 3107 STIRLING ROAD, SUITE 101
City-St-Zip: FORT LAUDERDALE, FL 33312

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: SCHILLINGER, JEFFREY
Address: 3107 STIRLING ROAD, SUITE 101
City-St-Zip: FORT LAUDERDALE, FL 33312

Title: MGRM (X) Change () Addition
Name: SCHILLINGER, DAVID
Address: 3107 STIRLING ROAD, SUITE 101
City-St-Zip: FORT LAUDERDALE, FL 33312

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: JEFFREY SCHILLINGER

MGRM

07/01/2004

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