

# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000013161

FILED  
Apr 25, 2005  
Secretary of State

**Entity Name:** ST. LUCIE EMERGENCY GROUP, L.L.C.

**Current Principal Place of Business:**

200 CORPORATE BLVD  
SUITE 201  
LAFAYETTE, LA 70508

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 82368  
LAFAYETTE, LA 70598

**New Mailing Address:**

PO BOX 82368  
LAFAYETTE, LA 705982368

**FEI Number:** 02-0606713

**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: MGRM ( ) Delete  
Name: THE SCHUMAKER GROUP, OF FL  
Address: 200 CORPORATE BLVD., SUITE 201  
City-St-Zip: LAFAYETTE, LA 70508

**ADDITIONS/CHANGES:**

Title: MGRM (X) Change ( ) Addition  
Name: THE SCHUMACHER GROUP, OF FLORIDA IN C  
Address: 200 CORPORATE BLVD., SUITE 201  
City-St-Zip: LAFAYETTE, LA 70508

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: LISHA C. FALK

VP

04/25/2005

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