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Jul 18, 2003 8:00 am
Secretary of State

5/2

05-02-2003 90584 018 ****50.00

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L02000013164

1. Entity Name
SANTA ROSA EMERGENCY GROUP, L.L.C.

55051670

[redacted]

Principal Place of Business	Mailing Address
110 RUE JEAN LAFITTE LAFAYETTE LA 70508	110 RUE JEAN LAFITTE LAFAYETTE LA 70508 ATTN: LISHA FALK

☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number 01-0698581 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324	Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code

8. 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. I am familiar with, and accept, the obligations of registered agent.

SIGNATURE ____________________
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $50.00
Make Check Payable to Florida Department of State
Due By May 1, 2003

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE Managing Member ☐ Delete NAME The Schumacher Group of FL STREET ADDRESS 110 Rue Jean Lafitte CITY-ST-ZIP Lafayette, LA 70508		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE ☐ Delete NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE ☐ Delete NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE ☐ Delete NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE ☐ Delete NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE ☐ Delete NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

CR2E083 (10/02)

11. I hereby certify that the information supplied with this filing does not qualify 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 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 FALK AUTHORIZED REP. 4/29/03 337-237-1915
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

attachment

The Schumacher Group®

55051670

#L02000013164

July 14, 2003

Florida Department of State
Division of Corporations
Annual Report Section
P.O. Box 6478
Tallahassee, FL 32314

RE: Santa Rosa Emergency Group, L.L.C.
Reference Number: L02000013164

Ladies and Gentlemen:

Attached is the requested amendment made to the 2003 Uniform Business Report for the above referenced entity.

Very truly yours,

Lisha C. Falk

Lisha C. Falk
Vice President-Corporate Compliance
and Corporate Secretary
The Schumacher Group of Florida, Inc.

/lcf
Enclosure

THE SCHUMACHER GROUP®
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Fax (337) 237-5095
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