

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 21, 2003 8:00 am
Secretary of State

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

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DOCUMENT # L02000013164

1. Entity Name
SANTA ROSA EMERGENCY GROUP, LLC.



Principal Place of Business
**110 RUE JEAN LAFITTE
LAFAYETTE LA 70508**

Mailing Address
**110 RUE JEAN LAFITTE
LAFAYETTE LA 70508**

ATTN: LISHA FALK

55051810



☒ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business

200 CORPORATE BLVD.

3. Mailing Address

P.O. Box 51165

Suite, Apt. #, etc.

SUITE 201

Suite, Apt. #, etc.

City & State

LAFAYETTE, LA

City & State

LAFAYETTE, LA

Zip

70508

Country

USA

Zip

70505-1165

Country

USA

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

**C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324**

7. Name and Address of New Registered Agent

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

\$0.00

**FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By September 24, 2003**

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**Managing Member
The Schumacher Group of Florida, Inc.
200 CORPORATE Blvd., Ste. 201
Lafayette, LA 70508**

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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10. ADDITIONS/CHANGES

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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 AUTH. REPRESENTATIVE 7/15/03 (337) 237-1915

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

CR2E083 (4/03)

attachment

55051809
55051810



The
Schumacher
Group®

July 15, 2003

#

Florida Department of State
Division of Corporations
P.O. Box 6478
Tallahassee, Florida 32314

RE: Santa Rosa Emergency Group, LLC - Doc. # L02000013164
St. Lucie Emergency Group, LLC - Doc. # L02000013161

Ladies and Gentlemen:

Please find for filing the corrected 2003 Limited Liability Company Uniform Business Report for the above referenced entities. I resubmitted a corrected version previously in response to your request, but have received these new filing packages with a September 24, 2003 due date. Therefore, I am taking this opportunity to totally refile for these entities. The fees were previously paid, and I believe that you have acknowledged this by application of "\$0.00" next to the box regarding the filing fee amount and deadline.

Very truly yours,

The Schumacher Group of Florida, Inc.

Lisha C. Falk
Vice President-Corporate Compliance
and Corporate Secretary

/lcf
Enclosures

THE SCHUMACHER GROUP®

P. O. Box 51165 - Lafayette, LA 70505-1165
Telephone (337) 237-1915 - 1-800-893-9698
Fax (337) 237-5095
www.tsGED.com

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