

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L02000013625

**FILED**  
**Apr 14, 2011**  
**Secretary of State**

**Entity Name:** TOWN & COUNTRY EMERGENCY PHYSICIANS, LLC

**Current Principal Place of Business:**

3107 STIRLING ROAD, SUITE #300  
FT LAUDERDALE, FL 33312

**New Principal Place of Business:**

300 S. PARK ROAD, STE 400  
HOLLYWOOD, FL 33021

**Current Mailing Address:**

6400 ATLANTIC BLVD  
ATTN: LEGAL DEPT  
JACKSONVILLE, FL 32211

**New Mailing Address:**

**FEI Number:** 01-0691275      **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/MANAGERS:**

Title: MGR  
Name: SCHILLINGER, JEFFREY  
Address: 300 S. PARK ROAD, STE 400  
City-St-Zip: HOLLYWOOD, FL 33021

Title: MGR  
Name: SCHILLINGER, DAVID MD  
Address: 300 S. PARK ROAD, STE 400  
City-St-Zip: HOLLYWOOD, FL 33021

Title: MGR  
Name: CRASS, SARAH C.H.  
Address: 6400 ATLANTIC BLVD  
City-St-Zip: JACKSONVILLE, FL 32211

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: SARAH C.H. CRASS

MGR

04/14/2011

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