

# **2007 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L02000015203

**FILED**  
**Apr 02, 2007**  
**Secretary of State**

**Entity Name:** SEMINOLE 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:**

P.O. BOX 82368  
ATTN: LISHA FALK  
LAFAYETTE, LA 705982368

**New Mailing Address:**

**FEI Number:** 04-3672353

**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: MGRM ( ) Delete  
Name: THE SCHUMACHER GROUP, OF FLORIDA IN C  
Address: 200 CORPORATE BLVD, STE 201  
City-St-Zip: LAFAYETTE, LA 70508

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, 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

VPSC

04/02/2007

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