

2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# L02000021124

FILED
Apr 25, 2003
Secretary of State

Entity Name: EMERGENCY MEDICINE SPECIALISTS OF HIALEAH, L.C.

Current Principal Place of Business:

3900 HOLLYWOOD BLVD., STE. 101
HOLLYWOOD, FL 33021

New Principal Place of Business:

651 E 25 ST
HIALEAH, FL 33013

Current Mailing Address:

3900 HOLLYWOOD BLVD., STE. 101
HOLLYWOOD, FL 33021

New Mailing Address:

FEI Number: 48-1277716 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

STERN, STEVEN
3900 HOLLYWOOD BLVD., STE. 101
HOLLYWOOD, FL 33021 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: HIALEAH EMS, MM, L.C.,
Address: 3900 HOLLYWOOD BLVD., STE. 101
City-St-Zip: HOLLYWOOD, FL 33021

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

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

Title: MGR () Change (X) Addition
Name: HEMS, TM, LC,
Address: 3900 HOLLYWOOD BLVD., STE. 101
City-St-Zip: HOLLYWOOD, FL 33021

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: STEVE STERN

CFO

04/25/2003

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