

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000021128

FILED
Apr 26, 2004
Secretary of State

Entity Name: MIAMI BEACH EMERGENCY MEDICINE SPECIALISTS, L.C.

Current Principal Place of Business:

4300 ALTON RD
MIAMI BEACH, FL 33140

New Principal Place of Business:

Current Mailing Address:

3900 HOLLYWOOD BLVD.
SUITE 101
HOLLYWOOD, FL 33021

New Mailing Address:

FEI Number: 48-1277721 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Title: MGR () Delete
Name: MBEMS, TM, L.C.
Address: 3900 HOLLYWOOD BLVD., STE. 101
City-St-Zip: HOLLYWOOD, FL 33021

ADDITIONS/CHANGES:

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

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 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: ARTHUR DISKIN

P

04/26/2004

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