

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000022408

FILED
Apr 26, 2004
Secretary of State

Entity Name: WEST BOCA EMERGENCY MEDICINE SPECIALISTS, L.C.

Current Principal Place of Business:

21644 STATE RD 7
BOCA RATON, FL 33428

New Principal Place of Business:

Current Mailing Address:

3900 HOLLYWOOD BOULEVARD, SUITE 101
HOLLYWOOD, FL 33021

New Mailing Address:

3900 HOLLYWOOD BOULEVARD
SUITE 101
HOLLYWOOD, FL 33021

FEI Number: 48-1277730

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

STERN, STEVEN
3900 HOLLYWOOD BOULEVARD, SUITE 101
HOLLYWOOD, FL 33021 US

Name and Address of New Registered Agent:

STERN, STEVEN
3900 HOLLYWOOD BOULEVARD
SUITE 101
HOLLYWOOD, FL 33021 US

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:

04/26/2004

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MEMBERS:

Title: MGRM () Delete
Name: WEST BOCA EMS, MM, L, .C.
Address: 3900 HOLLYWOOD BOULEVARD, SUITE 101
City-St-Zip: HOLLYWOOD, FL 33021

Title: MGRM () Delete
Name: JBEMS, TM, L.C.,
Address: 3900 HOLLYWOOD BOULEVARD, SUITE 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