

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000022408

FILED
Apr 04, 2005
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:

2151 LE JEUNE ROAD
SUITE 300
CORAL GABLES, FL 33134 US

Current Mailing Address:

3900 HOLLYWOOD BOULEVARD
SUITE 101
HOLLYWOOD, FL 33021

New Mailing Address:

2151 LE JEUNE ROAD
SUITE 300
CORAL GABLES, FL 33134

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:

REGISTERED AGENTS OF FLORIDA, LLC
100 S.E. SECOND STREET
SUITE 2900
MIAMI, FL 33131 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: CHARLES J. RENNERT, VICE PRESIDENT

04/04/2005

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 (X) Delete
Name: JBEMS, TM, L.C.,
Address: 3900 HOLLYWOOD BOULEVARD, SUITE 101
City-St-Zip: HOLLYWOOD, FL 33021

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: MIAMI ACQUISITION CO, MPANY, LLC
Address: 2151 LE JEUNE ROAD, SUITE 300
City-St-Zip: CORAL GABLES, FL 33134 US

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: STEPHEN J. DRESNICK, MD

AR

04/04/2005

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