## 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

## DOCUMENT# L02000031546

FILED Apr 20, 2004 Secretary of State

Entity Name: INSTITUTE FOR EXCELLENCE IN EMERGENCY MEDICINE L.L.C.

**Current Principal Place of Business: New Principal Place of Business:** 4354 AVOCADO BLVD. ROYAL PALM BEACH, FL 33411 **Current Mailing Address: New Mailing Address:** 4354 AVOCADO BLVD. ROYAL PALM BEACH, FL 33411 FEI Number: 56-2310601 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: SCHWARTZ, BARBARA 4354 AVOCÁDO BLVD. ROYAL PALM BEACH, FL 33411 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: ADDITIONS/CHANGES:** MGRM () Delete () Change () Addition SCHWARTZ, BARBARA Name: Name: Address: 4354 AVOCADO BLVD Address: City-St-Zip: ROYAL PALM BEACH, FL 33411 City-St-Zip: Title: MGRM () Delete Title: () Change () Addition Name: TURCOTTE, SHERRY Name: Address: 10474 SE WOLVERINE DRIVE Address: City-St-Zip: **GALENA, KS 66739** 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: BARBARA SCHWARTZ EXEC 04/20/2004