2003 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 22, 2003
Secretary of State

DOCUMENT# L02000031546

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

Current Principal Place of Business:

4354 AVOCADO BLVD.
ROYAL PALM BEACH, FL 33411

New Principal Place of Business:

Current Mailing Address:

4354 AVOCADO BLVD.
ROYAL PALM BEACH, FL 33411

New Mailing Address:

FEI Number: 56-2310601 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SCHWARTZ, BARBARA
4354 AVOCADO BLVD.
ROYAL PALM BEACH, FL 33411

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

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

ADDITIONS/CHANGES:

Title: MGRM ( ) Change (X) Addition
Name: SCHWARTZ, BARBARA
Address: 4354 AVOCADO BLVD
City-St-Zip: ROYAL PALM BEACH, FL 33411

Title: MGRM ( ) Change (X) Addition
Name: TURCOTTE, SHERRY
Address: 10474 SE WOLVERINE DRIVE
City-St-Zip: GALENA, KS 66739

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 MGRM 04/22/2003

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