

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000022539

FILED
Apr 27, 2006
Secretary of State

Entity Name: BAY AREA EMERGENCY PHYSICIANS, L.L.C.

Current Principal Place of Business:

300 PINELLAS
CLEARWATER, FL 33756

New Principal Place of Business:

300 PINELLAS
M.S. 36
CLEARWATER, FL 33756

Current Mailing Address:

611 S FORT HARRISON
#354
CLEARWATER, FL 33756

New Mailing Address:

FEI Number: 03-0526533 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GASSMAN, ALAN S ESQ
1245 COURT ST., STE. 102
CLEARWATER, FL 33756 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/MANAGERS:

Title: MGRM () Delete
Name: HAIRE, STEPHEN I PRES
Address: 203 POINCIANA LANE
City-St-Zip: LARGO, FL 33770

Title: MGRM () Delete
Name: BEEL, WILLIAM J DIR
Address: 433 OCEANVIEW AVENUE
City-St-Zip: PALM HARBOR, FL 34683

Title: MGRM () Delete
Name: FRANCIS, ERIKA M DIR
Address: 579 CRYSTAL DRIVE
City-St-Zip: MADEIRA BEACH, FL 33708

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

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: HAIRE, STEPHEN I DIR
Address: 203 POINCIANA LANE
City-St-Zip: LARGO, FL 33770

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

Title: MGRM (X) Change () Addition
Name: COOK, BRIAN W DIR
Address: 1104 PALMVIEW AVENUE
City-St-Zip: BELLEAIR, FL 33756

Title: MGRM () Change (X) Addition
Name: CHARITY, BRIAN PRES
Address: 2970 SWAN CIRCLE
City-St-Zip: DUNEDIN, FL 34698

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, 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: BRIAN CHARITY, DO

PRES

04/27/2006

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