

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000022539

FILED  
May 10, 2007  
Secretary of State

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

**Current Principal Place of Business:**

300 PINELLAS  
M.S. 36  
CLEARWATER, FL 33756

**New Principal Place of Business:**

**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 ( )**  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

**Name and Address of Current Registered Agent:**

**Name and Address of New Registered Agent:**

GASSMAN, ALAN S ESQ  
1245 COURT ST., STE. 102  
CLEARWATER, FL 33756      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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM      ( ) Delete  
Name: HAIRE, STEPHEN I DIR  
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: COOK, BRIAN W DIR  
Address: 1104 PALMVIEW AVENUE  
City-St-Zip: BELLEAIR, FL 33756

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

**ADDITIONS/CHANGES:**

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

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

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 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: STEPHEN HAIRE

MGRM

05/10/2007

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