

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000022539

FILED
Apr 03, 2008
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 ()

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:

ERICKSON, DOUGLAS C MANAGER
300 PINELLAS
MS36
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: DOUGLAS C. ERICKSON

04/03/2008

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: MGRM (X) Change () Addition
Name: WHITED, BENJAMIN DIR
Address: 2200 GULF BLVD. #203
City-St-Zip: INDIAN ROCKS BEACH, FL 33785

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: BRIAN CHARITY

PRES

04/03/2008

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