

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000022539

FILED
Feb 23, 2009
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:

ERICKSON, DOUGLAS C MANAGER
300 PINELLAS
MS36
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 DIR
Address: 203 POINCIANA LANE
City-St-Zip: LARGO, FL 33770

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

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

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

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: BAEP HOLDINGS, LLC,
Address: 611 S. FT. HARRISON, SUITE 354
City-St-Zip: CLEARWATER, FL 33756

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: DOUGLAS C. ERICKSON

MGR

02/23/2009

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