

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L03000022539

**FILED**  
**Apr 15, 2011**  
**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  
Name: BAEP HOLDINGS, LLC  
Address: 611 S. FT. HARRISON, SUITE 354  
City-St-Zip: CLEARWATER, FL 33756

I hereby 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

04/15/2011

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