

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000023715

**FILED**  
**Apr 29, 2008**  
**Secretary of State**

**Entity Name:** PENSACOLA EMERGENCY PHYSICIANS, LLC

**Current Principal Place of Business:**

1000 W MORENO STREET  
ER  
PENSACOLA, FL 32501

**New Principal Place of Business:**

5665 NEW NORTHSIDE DRIVE  
SUITE 320  
ATLANTA, GA 30328

**Current Mailing Address:**

5665 NEW NORTHSIDE DR.  
SUITE 320  
ATLANTA, GA 30328

**New Mailing Address:**

**FEI Number:** 43-2020057      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

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

DOLISTER, MICHAEL J  
1112 KELTON BLVD.  
GULF BREEZE, FL 32563      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: DOLISTER, MICHAEL J  
Address: 1112 KELTON BLVD.  
City-St-Zip: GULF BREEZE, FL 32563

**ADDITIONS/CHANGES:**

Title: MGR      (X) Change      ( ) Addition  
Name: APOLLOMD BUSINESS SE, RVICES, LLC  
Address: 5665 NEW NORTHSIDE DRIVE, SUITE 320  
City-St-Zip: ATLANTA, GA 30328

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: JOAN CATALANO

COUN

04/29/2008

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