

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000019156

FILED
Jan 26, 2005
Secretary of State

Entity Name: GADSDEN MEMORIAL EMERGENCY PHYSICIANS, LLC

Current Principal Place of Business:

3107 STIRLING RD, STE #101
FORT LAUDERDALE, FL 33312

New Principal Place of Business:

Current Mailing Address:

3107 STIRLING RD, STE #101
FORT LAUDERDALE, FL 33312

New Mailing Address:

FEI Number: 20-0514268

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SCHILLINGER, JEFFREY
3107 STIRLING RD, STE #101
FORT LAUDERDALE, FL 33312 US

Name and Address of New Registered Agent:

JEFFREY, SCHILLINGER
3107 STIRLING RD
SUITE #101
FORT LAUDERDALE, FL 33312 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: JEFFREY SCHILLINGER

01/26/2005

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MEMBERS:

Title: MGRM () Delete
Name: SCHILLINGER, JEFFREY
Address: 3107 STIRLING RD, STE #101
City-St-Zip: FORT LAUDERDALE, FL 33312

ADDITIONS/CHANGES:

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

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: JEFFREY SCHILLINGER

MGRM

01/26/2005

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