


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Mar 30, 2005 8:00 am
Secretary of State

03-30-2005 90160 041 ****50.00

DOCUMENT # L04000038000	
1. Entity Name FORGOTTEN COAST EMERGENCY PHYSICIANS, LLC	

Principal Place of Business POST OFFICE BOX 99 SOPCHOPPY FL 32358	Mailing Address POST OFFICE BOX 99 SOPCHOPPY FL 32358
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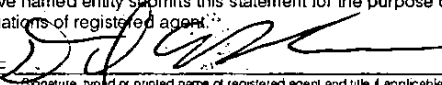


2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

1st MOORE CR2E083 (10/04)

6. Name and Address of Current Registered Agent KOWALCHYK, DEAN C 1538 METROPOLITAN BOULEVARD TALLAHASSEE FL 32308		7. Name and Address of New Registered Agent Name David E. Pierce Street Address (P.O. Box Number is Not Acceptable) PO Box 99 430 Buckhorn Crk Rd City Sopchoppy FL Zip Code 32358	
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8. 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. I am familiar with, and accept the obligations of registered agent.

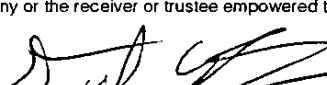
SIGNATURE  **David E. Pierce** DATE **3/27/05**

(Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2005

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGMGR PIERCE, DAVID POST OFFICE BOX 99 SOPCHOPPY FL 32358 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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11. I hereby certify that the information supplied with this filing does not qualify 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 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:  **David E. Pierce** DATE **3/27/05** 850 528-1650

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #