# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**
**Jul 23, 2007**
**Secretary of State**

DOCUMENT# L04000038000

**Entity Name:** FORGOTTEN COAST EMERGENCY PHYSICIANS, LLC

**Current Principal Place of Business:**

POST OFFICE BOX 99
SOPCHOPPY, FL 32358

**New Principal Place of Business:**

430 BUCKHORN CRK RD.
SOPCHOPPY, FL 32358

**Current Mailing Address:**

POST OFFICE BOX 99
SOPCHOPPY, FL 32358

**New Mailing Address:**

**FEI Number: 20-3967344** **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
**In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.**

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

PIERCE, DAVID E
P O BOX 99
430 BUCKHORN CRK RD
SOPCHOPPY, FL 32358 US

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

PIERCE, DAVID E
430 BUCKHORN CRK RD
430 BUCKHORN CRK RD
SOPCHOPPY, FL 32358 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: DAVID E. PIERCE 07/23/2007
Electronic Signature of Registered Agent Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGMR ( ) Delete
Name: PIERCE, DAVID
Address: POST OFFICE BOX 99
City-St-Zip: SOPCHOPPY, FL 32358

**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 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: DAVID E. PIERCE MGR 07/23/2007
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date