2011 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 18, 2011
Secretary of State

DOCUMENT# L04000038000

Entity Name: FORGOTTEN COAST EMERGENCY PHYSICIANS, LLC

Current Principal Place of Business:

430 BUCKHORN CRK RD.
SOPCHOPPY, FL 32358

New Principal Place of Business:

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 ( )**

Name and Address of Current Registered Agent:

PIERCE, DAVID E
430 BUCKHORN CRK RD
430 BUCKHORN CRK RD
SOPCHOPPY, FL 32358 US

Name and Address of New Registered Agent:

PIERCE, DAVID E
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 PIERCE 03/18/2011
Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

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

Title: MGRM
Name: RITTMAN, KYM
Address: POST OFFICE BOX 99
City-St-Zip: SOPCHOPPY, FL 32358

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 Statues.

SIGNATURE: DAVID PIERCE MGRM 03/18/2011
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date