

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000049083

FILED
Apr 21, 2005
Secretary of State

Entity Name: EMERGENCY MEDICINE SPECIALISTS OF PARKWAY, L.C.

Current Principal Place of Business:

C/O QUALITY MEDICAL MANAGEMENT, L.C.
3900 HOLLYWOOD BLVD., STE. 101
HOLLYWOOD, FL 33021 US

New Principal Place of Business:

Current Mailing Address:

C/O QUALITY MEDICAL MANAGEMENT, L.C.
3900 HOLLYWOOD BLVD., STE. 101
HOLLYWOOD, FL 33021 US

New Mailing Address:

FEI Number: 20-1319608

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

STERN, STEVEN J
C/O QUALITY MEDICAL MANAGEMENT, L.C.
3900 HOLLYWOOD BLVD., STE. 101
HOLLYWOOD, FL 33021 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/MEMBERS:

Title: MGRM () Delete
Name: MIAMI EMS, MM, L.C.,
Address: C/O QMM, 3900 HOLLYWOOD BLVD., STE. 101
City-St-Zip: HOLLYWOOD, FL 33021 US

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

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

Title: MGR () Change (X) Addition
Name: MEMS, TM, L.C.,
Address: 3900 HOLLYWOOD BLVD
City-St-Zip: HOLLYWOOD, FL 33021

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: STEVEN STERN

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04/21/2005

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