

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000049087

FILED
Apr 25, 2006
Secretary of State

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

Current Principal Place of Business:

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

New Principal Place of Business:

5401 POLK STREET
HOLLYWOOD, FL 33021

Current Mailing Address:

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

New Mailing Address:

P.O. BOX 813729
HOLLYWOOD, FL 330813729

FEI Number: 20-1319539

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:

STERN, STEVEN J
5401 POLK STREET
HOLLYWOOD, FL 33021 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:

04/25/2006

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

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

Title: MGR () Delete
Name: PEMS, TM, L.C.,
Address: C/O QMM, 3900 HOLLYWOOD BLVD., STE. 101
City-St-Zip: HOLLYWOOD, FL 33021

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: PALMETTO EMS, MM, L., C.
Address: 5401 POLK STREET
City-St-Zip: HOLLYWOOD, FL 33021

Title: MGR (X) Change () Addition
Name: PEMS, TM, L.C.,
Address: 5401 POLK STREET
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 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: ARTHUR DISKIN

P

04/25/2006

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