

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000049091

FILED
Mar 08, 2007
Secretary of State

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

Current Principal Place of Business:

5401 POLK STREET
HOLLYWOOD, FL 33021 US

New Principal Place of Business:

Current Mailing Address:

C/O QUALITY MEDICAL MANAGEMENT, L.C.
P.O. BOX 813729
HOLLYWOOD, FL 33021 US

New Mailing Address:

FEI Number: 20-1319464 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

STERN, STEVEN J
5401 POLK STREET
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/MANAGERS:

Title: MGRM () Delete
Name: WEST BOCA EMS MM LC,
Address: 5401 POLK STREET
City-St-Zip: HOLLYWOOD, FL 33021

Title: MGRM () Delete
Name: JBEMS TM LC,
Address: 5401 POLK STREET
City-St-Zip: HOLLYWOOD, FL 33021

ADDITIONS/CHANGES:

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

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

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: STEVEN STERN

RA

03/08/2007

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