2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 30, 2007
Secretary of State

DOCUMENT# L04000057276

Entity Name: AVENTURA EMERGENCY PHYSICIAN ASSOCIATES, LLC

Current Principal Place of Business:

9229 LBJ FREEWAY
SUITE 250
DALLAS, TX 75243

New Principal Place of Business:

7000 ISLAND BLVD
STE 1609
AVENTURA, FL 33160

Current Mailing Address:

9229 LBJ FREEWAY
SUITE 250
DALLAS, TX 75243

New Mailing Address:

7000 ISLAND BLVD
STE 1609
AVENTURA, FL 33160

FEI Number: 20-1441098 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

DEAN MEAD SERVICES, LLC
800 NORTH MAGNOLIA AVENUE
SUITE 1500
ORLANDO, FL 32803 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: MEDICAL EDGE HEALTHC, ARE GROUP, INC .
Address: 9229 LBJ FREEWAY, SUITE 250
City-St-Zip: DALLAS, TX 75243

ADDITIONS/CHANGES:

Title: MGRM (X) Change ( ) Addition
Name: JAMES, PROVO MD
Address: 7000 ISLAND BLVD
City-St-Zip: STE 1609, FL 33160

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: JAMES PROVO, MD MGRM 04/30/2007

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