

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000057276

FILED
Mar 03, 2008
Secretary of State

Entity Name: AVENTURA EMERGENCY PHYSICIAN ASSOCIATES, LLC

Current Principal Place of Business:

7000 ISLAND BLVD
STE 1609
AVENTURA, FL 33160

New Principal Place of Business:

Current Mailing Address:

7000 ISLAND BLVD
STE 1609
AVENTURA, FL 33160

New Mailing Address:

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: JAMES, PROVO MD
Address: 7000 ISLAND BLVD
City-St-Zip: STE 1609, FL 33160

ADDITIONS/CHANGES:

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

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 E. PROVO MRGM 03/03/2008

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