

2010 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000057276

FILED
May 05, 2010
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:

6483 NW 31ST TERRACE
BOCA RATON, FL 33496

Current Mailing Address:

7000 ISLAND BLVD
STE 1609
AVENTURA, FL 33160

New Mailing Address:

6483 NW 31ST TERRACE
BOCA RATON, FL 33496

FEI Number: 20-1441098 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

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
Name: JAMES, PROVO MD
Address: 6483 NW 31ST TERRACE
City-St-Zip: BOCA RATON, FL 33496

I hereby 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

MGRM

05/05/2010

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