

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000017493

FILED  
Jul 01, 2009  
Secretary of State

**Entity Name:** SPACE COAST EMERGENCY PHYSICIANS, PLC

**Current Principal Place of Business:**

701 W. COCOA BEACH CAUSEWAY  
COCOA BEACH,, FL 32931 US

**New Principal Place of Business:**

**Current Mailing Address:**

424 LANTERNBACK ISLAND DRIVE  
SATELLITE BEACH, FL 32937

**New Mailing Address:**

690 LOXLEY CT  
TITUSVILLE, FL 32780

FEI Number: 20-2370070      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:**

MCGOOHAN, MICHAEL P DO  
424 LANTERNBACK ISLAND DRIVE  
SATELLITE BEACH, FL 32937 US

**Name and Address of New Registered Agent:**

WALKER, GEORGE H MD  
690 LOXLEY CT  
TITUSVILLE, FL 32780 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: GEORGE H WALKER MD

07/01/2009

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MM ( ) Delete  
Name: MCGOOHAN, MICHAEL P  
Address: 424 LANTERNBACK ISLAND DR  
City-St-Zip: SATELLITE BEACH, FL 32937

Title: T ( ) Delete  
Name: WALKER, GEORGE  
Address: 690 LOXLEY CT  
City-St-Zip: TITUSVILLE, FL 32780

Title: S ( ) Delete  
Name: CHAO, MAURICE  
Address: 2549 ROX SPRING DR  
City-St-Zip: ORLANDO, FL 32325

**ADDITIONS/CHANGES:**

Title: T (X) Change ( ) Addition  
Name: MCGOOHAN, MICHAEL P  
Address: 424 LANTERNBACK ISLAND DR  
City-St-Zip: SATELLITE BEACH, FL 32937

Title: MM (X) Change ( ) Addition  
Name: WALKER, GEORGE  
Address: 690 LOXLEY CT  
City-St-Zip: TITUSVILLE, FL 32780

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: GEORGE WALKER MD

MM

07/01/2009

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