



**2007 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Apr 13, 2007 8:00 am**  
**Secretary of State**

04-13-2007 90041 038 \*\*\*\*50.00

<b>DOCUMENT # L05000019551</b>					
1. Entity Name PALM BEACH EMERGENCY MEDICINE ASSOCIATES, P.L.					
Principal Place of Business 5301 S. CONGRESS AVENUE ATLANTIS, FL 33462 US		Mailing Address 5301 S. CONGRESS AVENUE ATLANTIS, FL 33462 US			
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 20-2400939	
				Applied For Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
SANTINO, DANA M 1675 PALM BEACH LAKES BLVD. SUITE 700 WEST PALM BEACH, FL 33041			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			City		
			FL Zip Code		
8. 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstalling)</small>					
<b>Filing Fee is \$50.00 Due by May 1, 2007</b>		<b>Make check payable to Florida Department of State</b>			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM RUMBLE, CASWELL J M.D. 5301 SOUTH CONGRESS AVE ATLANTIS, FL 33462	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Rumble, Caswell Jo M.D. <i>Correct spelling of last name</i>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SCHEPPKE, KENNETH A M.D. 5301 SOUTH CONGRESS AVE ATLANTIS, FL 33462	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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: 			4/10/07 561-548-3549		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			Date Daytime Phone #		