


**2008 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Apr 04, 2008 08:00 AM**  
**Secretary of State**

DOCUMENT # L05000019551 1. Entity Name PALM BEACH EMERGENCY MEDICINE ASSOCIATES, P.L.	
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Principal Place of Business 5301 S. CONGRESS AVENUE ATLANTIS, FL 33462 US	Mailing Address 5301 S. CONGRESS AVENUE ATLANTIS, FL 33462 US
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04012008 No Chg-LLC CR2E083 (12/07)

DO NOT WRITE IN THIS SPACE

4. FEI Number 20-2400939	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> Additional Fee Required

6. Name and Address of Current Registered Agent

SANTINO, DANA M  
 1675 PALM BEACH LAKES BLVD.  
 SUITE 700  
 WEST PALM BEACH, FL 33041

DO NOT WRITE IN THIS SPACE

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$138.75**  
**After May 1, 2008 Fee will be \$538.75**

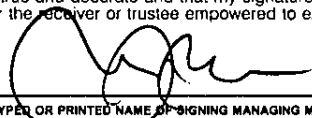
U000000881245  
 04/15/08-80093-016 138.75

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM RUMBALL, CASWELL J MD 5301 SOUTH CONGRESS AVE ATLANTIS, FL 33462
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SCHEPPKE, KENNETH A M.D. 5301 SOUTH CONGRESS AVE ATLANTIS, FL 33462
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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:  4/02/08 561-548-3549

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #