

# 2012 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000019551

**FILED**  
**Apr 25, 2012**  
**Secretary of State**

**Entity Name:** PALM BEACH EMERGENCY MEDICINE ASSOCIATES, P.L.

**Current Principal Place of Business:**

5301 S. CONGRESS AVENUE  
ATLANTIS, FL 33462 US

**New Principal Place of Business:**

**Current Mailing Address:**

5301 S. CONGRESS AVENUE  
ATLANTIS, FL 33462 US

**New Mailing Address:**

FEI Number: 20-2400939

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

SANTINO, DANA M  
1675 PALM BEACH LAKES BLVD.  
SUITE 700  
WEST PALM BEACH, FL 33041 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: RUMBALL, CASWELL J MD  
Address: 5301 SOUTH CONGRESS AVE  
City-St-Zip: ATLANTIS, FL 33462

Title: MGRM  
Name: SCHEPPKE, KENNETH A M.D.  
Address: 5301 SOUTH CONGRESS AVE  
City-St-Zip: ATLANTIS, FL 33462

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: CASWELL J. RUMBALL, M.D.

MGRM

04/25/2012

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