

2012 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000014401

FILED
Apr 03, 2012
Secretary of State

Entity Name: LAKE CITY MEDICAL CENTER EMERGENCY PHYSICIANS, LLC

Current Principal Place of Business:

300 S. PARK RD, STE 400
HOLLYWOOD, FL 33021

New Principal Place of Business:

Current Mailing Address:

ATTN: LEGAL DEPARTMENT
6400 ATLANTIC BOULEVARD
JACKSONVILLE, FL 32211

New Mailing Address:

1300 RIVERPLACE BLVD, STE 300
ATTN: LEGAL DEPARTMENT
JACKSONVILLE, FL 32207

FEI Number: 20-4254667

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 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: EDCARE MANAGEMENT, INC.
Address: 300 S. PARK RD, STE 400
City-St-Zip: HOLLYWOOD, FL 33021

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: SARAH C.H. CRASS

VP

04/03/2012

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