

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000030911

FILED
Jan 09, 2008
Secretary of State

Entity Name: EMERGENCY MEDICINE AND TRAUMA SPECIALISTS PLLC

Current Principal Place of Business:

9604 SOUTHERN PINES COURT
FT. LAUDERDALE, FL 33328

New Principal Place of Business:

Current Mailing Address:

9604 SOUTHERN PINES COURT
FT. LAUDERDALE, FL 33328

New Mailing Address:

FEI Number: 56-2568280

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

ABT, JOHN L MGRM
9604 SOUTHERN PINES COURT
FT. LAUDERDALE, FL 33328 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 () Delete
Name: ABT, JOHN L
Address: 9604 SOUTHERN PINES COURT
City-St-Zip: FT. LAUDERDALE, FL 33328

ADDITIONS/CHANGES:

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: JOHN L. ABT

MGRM

01/09/2008

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