2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 23, 2009
Secretary of State

DOCUMENT# L06000090941

Entity Name: CAPE CORAL EMERGENCY PHYSICIANS, LLC

Current Principal Place of Business:

636 DEL PRADO
CAPE CORAL, FL 33990 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 151368
CAPE CORAL, FL 33915 US

New Mailing Address:

FEI Number: 20-5615996 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301 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:	GREENE, TUCKER	
Address:	6800 DANAH CT	
City-St-Zip:	FORT MYERS, FL 33908 US	
Title:	MGRM	( ) Delete
Name:	DOUGHERTY, TIMOTHY	
Address:	620 CORAL AVE	
City-St-Zip:	CAPE CORAL, FL 33904 US	
Title:	MGRM	( ) Delete
Name:	HAM, CHRISTOPHER 22021 R	
Address:	ED LAUREL LN	
City-St-Zip:	ESTERO, FL 33928	
Title:	MGRM	( ) Delete
Name:	KUHN, FREDERICK	
Address:	18102 CUTLASS DRIVE	
City-St-Zip:	FORT MYERS BEACH, FL 33931	
Title:	MGRM	( ) Delete
Name:	SCHULTZ, CARL	
Address:	13785 BALD CYPRESS CIRCLE	
City-St-Zip:	FORT MYERS, FL 33907	
Title:	MGRM	( ) Delete
Name:	RODI, ALEXANDER	
Address:	9180 SOUTHMONT COVE DRIVE	
City-St-Zip:	FORT MYERS, FL 33908	

ADDITIONS/CHANGES:

Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:	MGRM	(X) Change ( ) Addition
Name:	HAM, CHRISTOPHER	
Address:	1417 DEL PRADO BLVD	
City-St-Zip:	CAPE CORAL, FL 33990	
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:	MGRM	(X) Change ( ) Addition
Name:	CLAUNCH, ALAN	
Address:	12451 POPASH CT	
City-St-Zip:	NO. FT. MYERS, FL 33903	

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: FREDERICK L. KUHN MGR 01/23/2009

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