

2010 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000090941

FILED
Jan 27, 2010
Secretary of State

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:

636 DEL PRADO
SUITE 1030
CAPE CORAL, FL 33990 US

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
Name: KUHN, FREDERICK MD
Address: 18102 CUTLASS DRIVE
City-St-Zip: FORT MYERS BEACH, FL 33931

Title: MGRM
Name: DOUGHERTY, TIMOTHY MD
Address: 620 CORAL AVE
City-St-Zip: CAPE CORAL, FL 33904 US

Title: MGRM
Name: HAM, CHRISTOPHER MD
Address: 1417 DEL PRADO BLVD
City-St-Zip: CAPE CORAL, FL 33990

Title: MGRM
Name: CLAUNCH, ALAN MD
Address: 12451 POPASH COURT
City-St-Zip: NORTH FORT MYERS, FL 33903

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: FREDERICK L. KUHN, MD

PRES

01/27/2010

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