

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L07000025742

**FILED**  
**Mar 15, 2011**  
**Secretary of State**

**Entity Name:** EMERGENCY MEDICINE PROFESSIONAL CONSULTANTS, LLC

**Current Principal Place of Business:**

3152 LITTLE ROAD  
SUITE # 207  
TRINITY, FL 34655 US

**New Principal Place of Business:**

**Current Mailing Address:**

3152 LITTLE ROAD  
SUITE # 207  
TRINITY, FL 34655 US

**New Mailing Address:**

**FEI Number:** 20-8618121

**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:**

LOGUIDICE, MICHAEL A SR  
3152 LITTLE ROAD  
SUITE # 207  
TRINITY, FL 34655 US

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: DR.MICHAEL A. LOGUIDICE

03/15/2011

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM  
Name: LOGUIDICE, MICHAEL A SR  
Address: 3152 LITTLE ROAD SUITE # 207  
City-St-Zip: TRINITY, FL 34655 US

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: MICHAEL LOGUIDICE

CEO

03/15/2011

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