

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000066496

FILED
Apr 29, 2008
Secretary of State

Entity Name: FLORIDIAN EMERGENCY SPECIALISTS, LLC

Current Principal Place of Business:

5665 NEW NORTHSIDE DRIVE
SUITE 320
ATLANTA, GA 30328 US

New Principal Place of Business:

Current Mailing Address:

5665 NEW NORTHSIDE DRIVE
SUITE 320
ATLANTA, GA 30328 US

New Mailing Address:

FEI Number: **FEI Number Applied For ()** **FEI Number Not Applicable (X)** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

DOLISTER, MICHAEL J MD
1112 KELTON BLVD
PENSACOLA, FL 32563 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: MGR () Delete
Name: APOLLOMD BUSINESS SE, RVICES
Address: 5665 NEW NORTHSIDE DRIVE STE 320
City-St-Zip: ATLANTA, GA 30328 US

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: APOLLOMD BUSINESS SE, RVICES, LLC
Address: 5665 NEW NORTHSIDE DRIVE STE 320
City-St-Zip: ATLANTA, GA 30328 US

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: JOAN CATALANO

COUN

04/29/2008

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