

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000123520

FILED
Jan 23, 2009
Secretary of State

Entity Name: ISLAND COAST EMERGENCY PHYSICIANS, LLC

Current Principal Place of Business:

1417-3 DEL PRADO BLVD #468
CAPE CORAL, FL 33990 US

New Principal Place of Business:

1417-3 DEL PRADO BLVD
#468
CAPE CORAL, FL 33990 US

Current Mailing Address:

1417-3 DEL PRADO BLVD #468
CAPE CORAL, FL 33990 US

New Mailing Address:

1417-3 DEL PRADO BLVD
#468
CAPE CORAL, FL 33990 US

FEI Number: 26-1564664

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HAM, CHRISTOPHER MD
1417-3 DEL PRADO BLVD #468
CAPE CORAL, FL 33990 US

Name and Address of New Registered Agent:

HAM, CHRISTOPHER MD
1417-3 DEL PRADO BLVD
#468
CAPE CORAL, FL 33990 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:

01/23/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: HAM, CHRISTOPHER A
Address: 22021 RED LAUREL LANE
City-St-Zip: ESTERO, FL 33928 US

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: HAM, CHRISTOPHER A
Address: 1417-3 DEL PRADO BLVD #468
City-St-Zip: CAPE CORAL, FL 33990 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: CHRISTOPHER A. HAM

MGR

01/23/2009

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