

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000058648

FILED
Apr 14, 2009
Secretary of State

Entity Name: EMERGENCY COAST PHYSICIAN LLC

Current Principal Place of Business:

222 TALQUIN COVE
DESTIN, FL 32541 US

New Principal Place of Business:

725 GULFSHORES DR
#302A
DESTIN, FL 32541 US

Current Mailing Address:

P.O. BOX 5366
NICEVILLE, FL 32578

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:

MAY, MARY E
222 TALQUIN COVE
DESTIN, FL 32541 US

Name and Address of New Registered Agent:

MAY, MARY E
725 GULFSHORES DR
#302A
DESTIN, FL 32541 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:

04/14/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: MAY, MARY E
Address: P.O. BOX 5366
City-St-Zip: NICEVILLE, FL 32578

Title: MGR () Delete
Name: MAY, KEITH A
Address: P.O. BOX 5366
City-St-Zip: NICEVILLE, FL 32578

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: MARY MAY

MGRM

04/14/2009

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