

2010 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000058648

FILED
Jan 05, 2010
Secretary of State

Entity Name: EMERGENCY COAST PHYSICIAN LLC

Current Principal Place of Business:

725 GULFSHORES DR
#302A
DESTIN, FL 32541 US

New Principal Place of Business:

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
725 GULFSHORES DR
#302A
DESTIN, FL 32541 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: MAY, MARY E
Address: P.O. BOX 5366
City-St-Zip: NICEVILLE, FL 32578

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

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: MARY E. MAY

MRS.

01/05/2010

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