

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000064749

FILED  
Jan 08, 2009  
Secretary of State

**Entity Name:** MEMORIAL OF TAMPA EMERGENCY PHYSICIANS, LLC

**Current Principal Place of Business:**

2901 SWANN AVE  
TAMPA, FL 33609

**New Principal Place of Business:**

**Current Mailing Address:**

3107 STIRLING ROAD STE 300  
FT LAUDERDALE, FL 33312

**New Mailing Address:**

**FEI Number:** 26-2885093

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

**Name and Address of Current Registered Agent:**

CORPDIRECT AGENTS, INC.  
515 EAST PARK AVE  
TALLAHASSEE, FL 32301 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: EDCARE MANAGEMENT IN, C  
Address: 3107 STIRLING RD STE 300  
City-St-Zip: FT LAUDERDALE, FL 33312

**ADDITIONS/CHANGES:**

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: JEFFREY SCHILLINGER

PRES

01/08/2009

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