

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L08000064749

**FILED**  
**Apr 12, 2011**  
**Secretary of State**

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

**Current Principal Place of Business:**

3107 STIRLING RD, STE 300  
FT. LAUDERDALE, FL 33312

**New Principal Place of Business:**

300 S. PARK RD, STE 400  
HOLLYWOOD, FL 33021

**Current Mailing Address:**

6400 ATLANTIC BLVD  
ATTN: LEGAL DEPT  
JACKSONVILLE, FL 32211

**New Mailing Address:**

**FEI Number:** 26-2885093      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

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

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324 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  
**Name:** EDCARE MANAGEMENT INC  
**Address:** 300 S. PARK RD, STE 400  
**City-St-Zip:** HOLLYWOOD, FL 33021

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: SARAH C.H. CRASS

VP

04/12/2011

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