

2011 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L10000000467

FILED
Apr 12, 2011
Secretary of State

Entity Name: NW FLORIDA EMERGENCY PHYSICIANS, LLC

Current Principal Place of Business:

6400 ATLANTIC BOULEVARD
JACKSONVILLE, FL 32211 US

New Principal Place of Business:

Current Mailing Address:

6400 ATLANTIC BOULEVARD
JACKSONVILLE, FL 32211 US

New Mailing Address:

FEI Number: 27-1578338 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

CT CORPORATION SYSTEM
1200 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: MGRM
Name: STERLING GROUP PHYSICIAN SERVICES, LLC
Address: 6400 ATLANTIC BOULEVARD
City-St-Zip: JACKSONVILLE, FL 32211 US

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