

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L11000021221

**FILED**  
**Mar 11, 2012**  
**Secretary of State**

**Entity Name:** WESTLAKE EMERGENCY MEDICAL ASSOCIATES & CONSULTANTS LLC

**Current Principal Place of Business:**

9526 ARGYLE FOREST BLVD.  
SUITE B2 / 304  
JACKSONVILLE, FL 32222

**New Principal Place of Business:**

**Current Mailing Address:**

9526 ARGYLE FOREST BLVD.  
SUITE B2 / 304  
JACKSONVILLE, FL 32222

**New Mailing Address:**

**FEI Number:** 27-5122504

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

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

RITUCCI, ALEXANDRA  
9526 ARGYLE FOREST BLVD.  
SUITE B2 / 304  
JACKSONVILLE, FL 32222 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:** SCHROEDER, JUDY  
**Address:** 785 OAKLEAF PLANTATION PARKWAY, SUITE 114  
**City-St-Zip:** ORANGE PARK, FL 32065

**Title:** S  
**Name:** SCHROEDER, JUDY  
**Address:** 785 OAKLEAF PLANTATION PARKWAY, SUITE 114  
**City-St-Zip:** ORANGE PARK, FL 32065

**Title:** MGRM  
**Name:** SCHROEDER, GEORGE MD  
**Address:** 9526 ARGYLE FOREST BLVD. SUITE B2 / 304  
**City-St-Zip:** JACKSONVILLE, FL 32222

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:** GEORGE SCHROEDER

MGRM

03/11/2012

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