

**FILE NOW: Fee after May 1, will be \$588.75**

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

LIMITED LIABILITY COMPANY ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Morham</b> Secretary of State DIVISION OF CORPORATIONS
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<b>FILING FEE</b> \$203.75	Annual Report \$100.00 + \$103.75 Corporation Supplemental Fee
Make Check Payable To: <b>FLORIDA DEPARTMENT OF STATE</b>	

1. Name of Limited Liability Company  
**EMERGENCY PHYSICIANS OF NORTHWEST FLORIDA, P.L.**

DOCUMENT # **L96000001310**

5151 NORTH 9TH AVENUE  
PENSACOLA FL 32504

1a. Principal Place of Business Address  
5151 NORTH 9TH AVENUE  
PENSACOLA FL 32504

If above mailing address is incorrect in any way, fill through incorrect information and enter correction in Block 2a.

2. Principal Place of Business	2a. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

3. Date Organized or Qualified 12/17/1996	3a. State of Formation FL
4. FEI Number 59-3416069	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
5. Date of Last Report	6. Certificate of Status Desired \$8.75 Additional Fee Required <input type="checkbox"/>

7. Name and Address of Current Registered Agent

**BROOME, S, CRAIG**  
5151 NORTH 9TH AVENUE  
PENSACOLA FL 32504

8. Name and Address of New Registered Agent

Name  
Street Address (P.O. Box Number is Not Acceptable)  
Suite, Apt. #, etc.  
City

500002130065--7  
04/01/97 01064-011  
Zip Code  
\*\*\*203.75 \*\*\*203.75  
FL

9. Pursuant to the provisions of Sections 608.416 and 608.508, Florida Statutes, the above-named limited liability company submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by affirmative vote of a majority of the members. I hereby accept the appointment as registered agent, and accept the obligations.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
(Registered Agent Accepting Appointment) (NOTE: Registered Agent signature required when reinstating)

10. Title	Managing Members/Managers	Business Street Address	City, State and Zip Code
MEM	BROOME, S. CRAIG M.D.	11809 CHANTICLEER DRIVE	PENSACOLA FL
MEM	DAIGLE, ANDREW M.D.	2780 SEMARAN CIRCLE	PENSACOLA FL
MEM	HOLLAND, DAN M.D.	P.O. BOX 399	GULF BREEZE FL
MEM	HYBART, JOHN L M.D.	5016 BARRANCA LORA	PENSACOLA FL
MEM	MCGREW, RICHARD M.D.	290 S. AIRPORT ROAD	MILTON FL
MEM	O'DANIEL, JOSEPH M.D.	21 NORTH SUNSET BLVD.	GULF BREEZE FL
MEM	SCHWEICH, DANIEL S. M.D.	8640 Rosemont DR	PENSACOLA, FL
MEM	PABLO, GARY	104 Highpoint DR	Gulf Breeze, FL
MEM	Weeks, Michael	1403 BAYOU BLVD	PENSACOLA, FL

11. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3) (i), Florida Statutes. I further certify that the information indicated on this annual report is true and accurate and that my 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; and that my name appears in Block 10, or on an attachment with an address.

SIGNATURE: *Sandra B. Morham* 2/7/97 (909) 474-7843  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER Date Daytime Phone #