
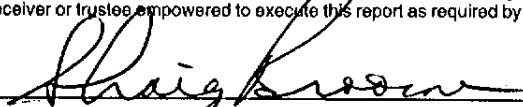


**FILE NOW: Fee after May 1, will be \$588.75**

LIMITED LIABILITY COMPANY ANNUAL REPORT 1997		 FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS	
<b>FILING FEE</b> \$203.75		Annual Report \$100.00 + \$103.75 Corporation Supplemental Fee <b>Make Check Payable To: FLORIDA DEPARTMENT OF STATE</b>	
<b>DOCUMENT #</b> L96000001310 EMERGENCY PHYSICIANS OF NORTHWEST FLORIDA, P.L. 5151 NORTH 9TH AVENUE PENSACOLA FL 32504		<b>1a. Principal Place of Business Address</b> 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.			
<b>2. Principal Place of Business</b>		<b>2a. Mailing Address</b>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip		Zip	
Country		Country	
<b>7. Name and Address of Current Registered Agent</b> BROOME, S, CRAIG 5151 NORTH 9TH AVENUE PENSACOLA FL 32504		<b>8. Name and Address of New Registered Agent</b> Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, etc. City	
		500002130065--7 04/01/97 01064-011 ***203.75 ***203.75 FL	
<b>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.</b>			
<b>SIGNATURE</b> _____		<b>DATE</b> _____	
(Registered Agent Accepting Appointment) (NOTE: Registered Agent signature required when reinstating)			
<b>10. Title</b>	<b>Managing Members/Managers</b>	<b>Business Street Address</b>	<b>City, State and Zip Code</b>
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
<b>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.</b>			
<b>SIGNATURE:</b> 		2/7/97 (904) 474-7843	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER		Date Daytime Phone #	