

File on or before May 1, 1998 or Limited Liability Company will be subject to a \$ 400.00 LATE FEE.

LIMITED LIABILITY COMPANY
ANNUAL REPORT
1998



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

98 MAY 14 PM 2:49

FILING FEE Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee
\$ 188.75 Make Check Payable To: FLORIDA DEPARTMENT OF STATE

1. Name and Mailing Address
of Limited Liability Company

DOCUMENT # L96000001310

EMERGENCY PHYSICIANS OF NORTHWEST FLORIDA,
P.L.
5151 NORTH 9TH AVENUE
PENSACOLA FL 32504

1a. Principal Place of Business Address

5151 NORTH 9TH AVENUE
PENSACOLA FL 32504

2. Principal Place of Business

2a. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

3. Date Organized or Qualified

3a. State of Formation

12/17/1996

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4. FEI Number

59-3416069

☐ Applied For

☐ Not Applicable

5. Date of Last Report

6. Certificate of Status Desired

03/28/1997

☐ \$0.75 Additional Fee Required

7. Name and Address of Current Registered Agent

8. Name and Address of New Registered Agent/Office

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

Name

Street Address (P.O. Box Number is Not Acceptable)

Suite, Apt. #, etc.

City

000002525840--1

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****188.75 ****188.75

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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	PABLO, GARY M. M.D.	164 HIGH POINT DR.	GULF BREEZE FL
MEM	SCHWEICH, DANIEL M.D.	804 ROSEMARY DR.	PENSACOLA FL
MEM	WEEKS, MICHAEL M.D.	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:

GARY M. PABLO 5/1/98

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

Date

Daytime Phone #