

File on or before May 1, 1999 or Limited Liability Company will be subject to a \$ 400.00 LATE FEE.

LIMITED LIABILITY COMPANY ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED

99 APR -8 PM 1:01

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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 # L9600001310
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	3. Date Organized or Qualified	3a. State of Formation
Suite, Apt. #, etc.	Suite, Apt. #, etc.	12/17/1996	FL
City & State	City & State	4. FEI Number	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
Zip	Country	59-3416069	5. Date of Last Report
		05/14/1998	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/Office Name PABLO GARY M Street Address (P.O. Box Number is Not Acceptable) 5151 NORTH 9th Avenue Suite, Apt. #, etc. 300002840423-1 City PENSACOLA -04/15/99 Fed. 01083--012 *FL 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 *Henry M. Peltano* DATE 3-31-99

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, CARY M MD	104 Highpoint DRIVE	Gulf Breeze, FL 32561
MEM	SCHWEICH, DANIEL MD	8640 Rosemont PRIVE	PENSACOLA, FL 32514

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: *Henry M. Peltano* 3-31-99 850-416-7850