


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		DOCUMENT # L96000001310			
1. Name and Mailing Address of Limited Liability Company 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 Suite, Apt. #, etc. City & State Zip Country		2a. Mailing Address Suite, Apt. #, etc. 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 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 *FL 18838544 188.75		
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 <i>Harry M. O'Brien</i> <small>(Print Name of Agent Accepting Appointment) (FEB 1999) (Agent Signature and Name Extension)</small>			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, GARY 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: <i>Harry M. O'Brien</i> <small>(Print Name of Agent Accepting Appointment) (FEB 1999) (Agent Signature and Name Extension)</small>			3-31-99 850-416-7850		