



2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 18, 2004 08:00 AM
Secretary of State

DOCUMENT # L98000002112 1. Entity Name EMERGENCY MEDICAL ASSOCIATES OF FLORIDA, L.L.C.	
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Principal Place of Business 1099 5TH AVE N 340 ST. PETERSBURG, FL 33705	Mailing Address 1099 5TH AVE N 340 ST. PETERSBURG, FL 33705
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DO NOT WRITE IN THIS SPACE

	
03042004 No Chg-LLC	CR2E083 (10/03)
4. FEI Number 59-3537604	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

**HERNANDEZ, DENNIS
1099 5TH AVE N
340
ST. PETERSBURG, FL 33705**

**DO NOT WRITE
IN THIS SPACE**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

**Filing Fee is \$50.00
Due by May 1, 2004**


000000091688
03/18/04-80019-006 55.00

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM BAYSIDE EMERGENCY PHYSICIANS, P.A. 1099 5TH AVE N, #340 ST. PETERSBURG, FL 33705
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRP EMERGENCY MEDICAL ASSOCIATES OF TAMPA BAY 2727 MARTIN LUTHER KING BLVD., #300 TAMPA, FL 33607
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM EMERGENCY PHYSICIANS OF ST. PETERSBURG P.A. 603 7TH ST. S., SUITE 360 ST. PETERSBURG, FL 33701
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

**DO NOT WRITE
IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(b), Florida Statutes. I further certify that the information indicated on this 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.

SIGNATURE:  **Dennis A. Hernandez** 3-15-04

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE _____ Date _____ Daytime Phone # _____