

**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

DOCUMENT # L98000002112

1. Entity Name
EMERGENCY MEDICAL ASSOCIATES OF FLORIDA,
L.L.C.



Principal Place of Business
500 MARTIN LUTHER KING ST. NORTH
SUITE 303
ST. PETERSBURG, FL 33705

Mailing Address
500 MARTIN LUTHER KING STREET NORTH
SUITE 303
ST. PETERSBURG, FL 33705

DO NOT WRITE IN THIS SPACE



03022007 No Chg.-LLC

CR2E083 (11/05)

4. FEI Number
59-3537604

Applied For
Not Applicable

5. Certificate of Status Desired

☒ \$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

HERNANDEZ, DENNIS
500 MARTIN LUTHER KING ST. NORTH
SUITE 303
ST. PETERSBURG, FL 33705

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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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when releasing)

DATE

**Filing Fee is \$50.00
Due by May 1, 2007**

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM BAYSIDE EMERGENCY PHYSICIANS, P.A. 500 MARTIN LUTHER KING ST N SUITE 303 ST. PETERSBURG, FL 33705
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM 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	

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IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 606, Florida Statutes.

SIGNATURE

Dennis Hernandez, Exec. Director

FILED
Mar 29, 2007 8:00 am
Secretary of State

03-14-2007 90209 016 ****55.00