

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L98000002112

1. Entity Name
**EMERGENCY MEDICAL ASSOCIATES OF FLORIDA,
LLC.**



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

6. Name and Address of Current Registered Agent

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

00022007 NO CNY-220 00022000 (11/00)

GREGORY (1960)

4. FEI Number 59-3537604	Applied For Not Applicable
5. Certificate of Status Desired	<input checked="" type="checkbox"/> \$5.00 Additional Fee Required

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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.

Source = Report on selected names of registered agents and offices of organizations

NOTE: Blanket and signature cards are also acceptable.

100

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

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9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	BAYSIDE EMERGENCY PHYSICIANS, P.A.
STREET ADDRESS	500 MARTIN LUTHER KING ST N SUITE 303
CITY-ST-ZIP	ST. PETERSBURG, FL 33705
TITLE	MGRM
NAME	EMERGENCY MEDICAL ASSOCIATES OF TAMPA BAY
STREET ADDRESS	2727 MARTIN LUTHER KING BLVD., #300
CITY-ST-ZIP	TAMPA, FL 33607
TITLE	MGRM
NAME	EMERGENCY PHYSICIANS OF ST. PETERSBURG P.A
STREET ADDRESS	603 7TH ST. S., SUITE 360
CITY-ST-ZIP	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 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 608, Florida Statutes.

SIGNATURES.

John H. Lamm

Dennis Hernandez, Exec. Director