

2010 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L98000002112

FILED
Jan 05, 2010
Secretary of State

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

Current Principal Place of Business:

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

New Principal Place of Business:

Current Mailing Address:

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

New Mailing Address:

FEI Number: 59-3537604

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

MURPHY, CECELE MD
500 MARTIN LUTHER KING ST. NORTH
SUITE 303
ST. PETERSBURG, FL 33705 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM
Name: BAYSIDE EMERGENCY PHYSICIANS, P.A.
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
Address: 2727 MARTIN LUTHER KING BLVD., #300
City-St-Zip: TAMPA, FL 33607

Title: MGRM
Name: EMERGENCY PHYSICIANS OF ST. PETERSBURG P.A.
Address: 603 7TH ST. S., SUITE 360
City-St-Zip: ST. PETERSBURG, FL 33701

I hereby certify that the information indicated on this report is true and accurate and that my electronic 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: CECELE MURPHY, M.D.

RA

01/05/2010

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date