

2011 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L98000002112

FILED
Jan 12, 2011
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:

1099 5TH AVENUE NORTH
SUITE 270
ST. PETERSBURG, FL 33705

Current Mailing Address:

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

New Mailing Address:

1099 5TH AVENUE NORTH
SUITE 270
ST. PETERSBURG, FL 33705

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:

MURPHY, CECELE MD
1099 5TH AVENUE NORTH
SUITE 270
ST. PETERSBURG, FL 33705 US

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:

01/12/2011

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM
Name: BAYSIDE EMERGENCY PHYSICIANS, P.A.
Address: 1099 5TH AVENUE NORTH, SUITE 270
City-St-Zip: ST. PETERSBURG, FL 33705

Title: MGRM
Name: EMERGENCY MEDICAL ASSOCIATES OF TAMPA BAY
Address: 2727 W 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., EXECUTIVE DIRECTOR

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01/12/2011

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