

2012 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L98000002112

FILED
Jan 23, 2012
Secretary of State

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

Current Principal Place of Business:

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

New Principal Place of Business:

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

Current Mailing Address:

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

New Mailing Address:

500 DR MARTIN LUTHER KING JR STREET NORTH
SUITE 303
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
1099 5TH AVENUE NORTH
SUITE 270
ST. PETERSBURG, FL 33705 US

Name and Address of New Registered Agent:

MURPHY, CECELE MD
500 DR. MARTIN LUTHER KING JR STREET NORTH
SUITE 303
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:

01/23/2012

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM
Name: BAYSIDE EMERGENCY PHYSICIANS, P.A.
Address: 500 DR MARTIN LUTHER KING ST. N, STE 303
City-St-Zip: ST. PETERSBURG, FL 33705

Title: MGRM
Name: EMERGENCY PHYSICIANS OF ST PETERSBURG
Address: 603 7TH STREET SOUTH, 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

RA

01/23/2012

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