2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L98000002112

1. Entity Name

EMERGENCY MEDICAL ASSOCIATES OF FLORIDA, L.L.C.



FILED Jan 16, 2003 8:00 am Secretary of State 01-16-2003 90235 021 ****50.00

Principal Pla	· · · · · · · · · · · · · · · · · · ·		GOO WE THE			
	ace of Business	Mailing Address				
1099 5TH AVE N		1099 5TH AVE N		40003504		
ST. PETERSBURG FL 33705		340		7,00001	•	
SI PETERSE	BURG FL 33705	ST. PETERSBURG FL 33	705	1 18811811 418 (218) 2011 82117 88117 88117 88117		
2. Principal	Place of Business	3. Mailing Address				
Suite, Ap	ot. #, etc.	Suite, Apt. #, etc.				
City & Sta	ate			CHECK HERE IF MAK	KING CHANGE	ES
		City & State		4. FEI Number 59-3537604		Applied For
Zip	Country	Zip	Country	5. Certificate of Status Desired	\$5.00 A	Not Applicat dditional
	6. Name and Address of Cur	rent Registered Agent		7. Name and Address of New Register	Fee Requi	red
RR/	ADLEY, TERESA M.D.		Name	7. Name and Address of New Register	ed Agent	
1201 FIFTH AVENUE NORTH						
SU	ITE 202		Street Addres	ss (P.O. Box Number is Not Acceptable)	<u>-</u>	
ST.	PETERSBURG FL 33701					
			City		Zip Co	de
 The above the obligation 	e named entity submits this stateme tions of registered agent	nt for the purpose of changing it	s registered office or regis	stered agent, or both, in the State of Florida. 1 a	m familiar with	and accent
SIGNATURE .	agont.					, and docept
JIGIVATORE .	Signature, typed or printed name of registered a	agent and title if applicable. (NO	TE: Registered Agent signature requ	ired whon constation	<u></u>	
					E	
		Make Check Payah	OW!!! FEE IS \$50.00 de to Florida Departm	0		
	C	Du Du	e By May 1, 2003	lent of State	•	
9.	MANAGING MEN	MBERS/MANAGERS				
TITLE	MGRM		10.	ADDITIONS/CHANG	ES	
NAME	BAYSIDE EMERGENCY PHYS	Delete	TITLE		☐ Change	
STREET ADDRESS		DICIANO, P.A.				L.J. Addition
,	1200 SEVENTH AVENUE NO	RTH	NAME STREET ADDRESS		onlingo	Addition
CITY-ST-ZIP	1200 SEVENTH AVENUE NO ST. PETERSBURG FL 33705	RTH	STREET ADDRESS CITY-ST-ZIP-			☐ Addition
CITY-ST-ZIP TITLE	ST. PETERSBURG FL 33705 MGRM	RTH	STREET ADDRESS CITY-ST-ZIP.			L_J Addition
TITLE .	ST. PETERSBURG FL 33705 MGRM EMATB, INC.	RTH Delete	STREET ADDRESS CITY-ST-ZIP.~ TITLE Karen	McGinn, Practice Manager	Change	Addition
TITLE NAME STREET ADDRESS	ST. PETERSBURG FL 33705 MGRM EMATB, INC. 4600 N. HABANA AVE., SUITI	RTH Delete	STREET ADDRESS CITY-ST-ZIP TITLE Karen NAME Emerg	ency Medical Associates	Change	
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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.

ZED REPRESENTATIVE

Daytime Phone #