AMENDED

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 28, 2003 8:00 am
Secretary of State
01-16-2003 90235 021 ****50.00
04-28-2003 91004 038 ****50.00

DOCUMENT # L98000002112

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

Principal Place of Business	Mailing Address
1099 5TH AVE N 340 ST. PETERSBURG, FL 33705	1099 5TH AVE N 340 ST. PETERSBURG, FL 33705

☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 59-3537604 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
BRADLEY, TERESA M.D. 1201 FIFTH AVENUE NORTH SUITE 202 ST. PETERSBURG, FL 33701	Name: Dennis Hernandez Street Address (P.O. Box Number is Not Acceptable): 1099 Fifth Avenue North, Suite 340 City: St. Petersburg FL Zip Code: 33705

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 _____ 4-23-03
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $50.00
Make Check Payable to Florida Department of State
Due By May 1, 2003

9. MANAGING MEMBERS / MANAGERS			10. ADDITIONS/CHANGES	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGRM BAYSIDE EMERGENCY PHYSICIANS, P.A. 1200 SEVENTH AVENUE NORTH ST. PETERSBURG, FL 33705	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☒ Change ☐ Addition 1099 Fifth Avenue North, #340 St. Petersburg, FL 33705
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGRP MCGINN, KAREN EMA- 2727 MARTIN LUTHER KING BLVD #300 TAMPA, FL 33607	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGRM ☑ Change ☒ Addition Emergency Medical Associates of Tampa Bay, P.A. 2727 Martin Luther King Blvd, #300 Tampa, FL 33607
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGRM EMERGENCY PHYSICIANS OF ST. PETERSBURG P.A 603 7TH ST. S., SUITE 360 ST. PETERSBURG, FL 33701	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

CORZE083 (10/02)

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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.

SIGNATURE: _____ Dennis Hernandez, Executive Director.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #