

2011 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M09000001170

FILED
Apr 11, 2011
Secretary of State

Entity Name: CARRAWAY EMERGENCY PHYSICIANS, LLC

Current Principal Place of Business:

3107 STIRLING ROAD, STE 300
FT. LAUDERDALE, FL 33312

New Principal Place of Business:

300 S. PARK RD, STE 400
HOLLYWOOD, FL 33021

Current Mailing Address:

6400 ATLANTIC BOULEVARD
ATTN: LEGAL DEPT.
JACKSONVILLE, FL 32211

New Mailing Address:

FEI Number: 20-2991132 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 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: MGR
Name: SCHILLINGER, JEFFREY
Address: 300 S. PARK RD, STE 400
City-St-Zip: HOLLYWOOD, FL 33021

Title: MGR
Name: SCHILLINGER, DAVID MD
Address: 300 S. PARK RD, STE 400
City-St-Zip: HOLLYWOOD, FL 33021

Title: MGR
Name: CRASS, SARAH C.H.
Address: 6400 ATLANTIC BLVD
City-St-Zip: JACKSONVILLE, FL 32211

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: SARAH C.H. CRASS

MGR

04/11/2011

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