2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED Mar 07, 2005 8:00 am Secretary of State

DOCUMENT # M9900001026 1. Entity Name FT. WALTON BEACH EMERGENCY SERVICES, LLC							03-07-200:	3 90060 00	4 ****50.0	00
Principal Place of Business 1000 PARK FORTY PLAZA DURHAM, NC 27713		Mailing Address 1000 PARK FORTY PŁAZA DURHAM, NC 27713			:	h mani (PAris di	12 1811 1211 1811 E	M MOIN MRIII MAINA 1	11) 111 11 11 11 11 11 11 11 11 11 11 11	161 N (71)
2. Principal Place of Business		3. Mailing Address								
Suite, Apt. #, etc.		Suite, Apt. #, etc.				01252005	Chg-LLC	CR2E	83 (10/03)	
City & State		City & State			4. FEI Numb				plied For t Applicable	
Zip	Country Zip Cour		try		5. Certificate	of Status Desire	ed 🗆	\$5.00 Add Fee Required		
6. Name and Address of Current Registered Agent						7. Name and	d Address of No	w Registered	Agent	
1200 SOU	PORATION SYSTEM ITH PINE ISLAND ROAD ION, FL 33324	Name Street			ddress (i	P.O. Box Numb	per is Not Accep	table)		
									<u> </u>	_
				City	_			FL	Zip Code	
	named entity submits this statement for tions of registered agent.	r the purpose of changing its	registere	ed office o	r register	ed agent, or bo	oth, in the State (of Florida. I am	familiar with,	and accept
SIGNATURE .	Signature, typed or printed name of registered agent a	(NOT	E: Danietava	d Anent sinnet	va recuired	when reinstating)		DATE	_	
	Signature, typed or printed name or registered again o	site that it applicable. (140)	L. Hogistoro	o Agent argues	010 10Q01100	and for day				
Filing Fee is \$50.00 Due by May 1, 2005								Make check porida Departn	•	•
9.	MANAGING MEMBE	RS/MANAGERS	10.				ADDITIO	ONS/CHANGES	3	
TITLE	MGRM 1	☑ Delete	TITL	E	MGRN				Change	Addition
NAME STREET ADDRESS	SHG/PHYAMÉRICA PHYSICIAN 2828 CRÓASDAILE DRIVE	SERVICES, INC.	NAM	E Et address			PHYSICIAN PLABA S		rrc	
CITY-ST-ZIP	DURHAM, NC 27705			-\$1-ZIP		HAM NO		or is 300		
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SIGNATURE: CHEEN NEW OF PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE DAIL Dayline Phone #