

**2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L08000020055

**Entity Name:** SJE EMERGENCY MEDICINE, PL

**Current Principal Place of Business:**

C/O STRANG ADAMS PA  
1130 WASHINGTON AVENUE THIRD FLOOR  
MIAMI BEACH, FL 33139

**Current Mailing Address:**

C/O STRANG ADAMS PA  
3339 VIRGINIA STREET SUITE 127  
MIAMI, FL 33133 US

**FEI Number:** 26-2133043

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

JLE REGISTERED AGENT CORPORATION  
1130 WASHINGTON AVENUE  
THIRD FLOOR  
MIAMI BEACH, FL 33139 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:** JODI L STRANG

04/26/2019

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title AMBR  
Name ELETTO, SARAH  
Address C/O STRANG ADAMS PA  
1130 WASHINGTON AVENUE THIRD  
FLOOR  
City-State-Zip: MIAMI BEACH FL 33139

*I hereby certify that the information indicated on this report or supplemental 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 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** SARAH ELETTO

AMBR

04/26/2019

Electronic Signature of Signing Authorized Person(s) Detail

Date