

2013 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000020055

Entity Name: SJE EMERGENCY MEDICINE, PL

Current Principal Place of Business:

1200 BRICKELL BAY DRIVE
APT 2206
MIAMI, FL 33131

Current Mailing Address:

1200 BRICKELL BAY DRIVE
APT 2206
MIAMI, FL 33131

FEI Number: NOT APPLICABLE

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

THE MEDILAW FIRM
325 ALMERIA AVENUE
CORAL GABLES, FL 33134 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: _____

Electronic Signature of Registered Agent

_____ Date

Authorized Person(s) Detail :

Title MGRM
Name ELETTO, SARAH
Address 1200 BRICKELL BAY DRIVE, APT 2206
City-State-Zip: MIAMI FL 33131

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 608, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: SARAH ELETTO

MGRM

04/30/2013

_____ Electronic Signature of Signing Authorized Person(s) Detail

_____ Date