

**2016 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L10000038192

**Entity Name:** SW FLORIDA EMERGENCY PHYSICIANS, LLC**Current Principal Place of Business:**200 CORPORATE BLVD.  
LAFAYETTE, LA 70508**Current Mailing Address:**ATTN: ENTITY MANAGEMENT  
200 CORPORATE BLVD  
LAFAYETTE, LA 70508 US**FEI Number:** 27-2303119**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**CT CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324 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** MANAGER, CHIEF COMPLIANCE  
OFFICER**Name** CRASS, SARAH C.H.**Address** 200 CORPORATE BLVD.**City-State-Zip:** LAFAYETTE LA 70508**Title** MANAGER, PRESIDENT, HPP EM &  
HM SERVICES**Name** SCHILLINGER, JEFFREY**Address** 200 CORPORATE BLVD.**City-State-Zip:** LAFAYETTE LA 70508**Title** MANAGER, DIVISION CHIEF MEDICAL  
OFFICER**Name** SCHILLINGER, DAVID MD**Address** 200 CORPORATE BLVD.**City-State-Zip:** LAFAYETTE LA 70508**Title** CEO**Name** D'AMARO, RICHARD**Address** 200 CORPORATE BLVD.**City-State-Zip:** LAFAYETTE LA 70508**Title** CFO**Name** DOLAN, THOMAS**Address** 200 CORPORATE BLVD.**City-State-Zip:** LAFAYETTE LA 70508**Title** VP & SECRETARY**Name** FALK, LISHA**Address** 200 CORPORATE BLVD.**City-State-Zip:** LAFAYETTE LA 70508**Title** GENERAL COUNSEL**Name** DOMENGEAUX, RYAN**Address** 200 CORPORATE BLVD.**City-State-Zip:** LAFAYETTE LA 70508

*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:** LISHA FALK**VP & SECRETARY****04/05/2016**

Electronic Signature of Signing Authorized Person(s) Detail

Date