

**2023 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            TREASURER, MANAGER  
Name            RENA , COTTAM  
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            VP & ASSISTANT SECRETARY  
Name            FALK, LISHA  
Address          200 CORPORATE BLVD.  
City-State-Zip: LAFAYETTE LA 70508

Title            VP  
Name            FRAZIER, MECHELLE  
Address          200 CORPORATE BLVD.  
City-State-Zip: LAFAYETTE LA 70508

Title            SECRETARY  
Name            CRASS, SARAH  
Address          200 CORPORATE BLVD.  
City-State-Zip: LAFAYETTE LA 70508

Title            PRESIDENT, MANAGER  
Name            GUIDRY, JR, JAMES  
Address          200 CORPORATE BLVD  
City-State-Zip: LAFAYETTE LA 70508

Title            COO  
Name            REILLY, ROB  
Address          200 CORPORATE BLVD  
City-State-Zip: LAFAYETTE LA 70508

Title            CMO, MANAGER  
Name            PILRGRIM, MD , RANDAL  
Address          200 CORPORATE BLVD  
City-State-Zip: LAFAYETTE LA 70508

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*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 FALKVP & ASSISTANT  
SECRETARY

03/07/2023

Electronic Signature of Signing Authorized Person(s) Detail

Date

**Authorized Person(s) Detail Continued :**

Title	CAO
Name	PIZZI, CHRISTOPHER
Address	200 CORPORATE BLVD
City-State-Zip:	LAFAYETTE LA 70508