## 2022 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L12000033114

Entity Name: TIGERTAIL EMERGENCY PHYSICIANS, LLC

Apr 22, 2022

**Secretary of State** 3463022219CC

**FILED** 

## **Current Principal Place of Business:**

1A BURTON HILLS BLVD NASHVILLE. TN 37215

## **Current Mailing Address:**

1A BURTON HILLS BLVD NASHVILLE. TN 37215 US

**FEI Number: NOT APPLICABLE** Certificate of Status Desired: No

## Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301-2525 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 **MEMBER** Title COO

EHRA MEDICAL SERVICES OF Name BAXTER MD, BRIAN Name

FLORIDA. LLC Address

1A BURTON HILLS BLVD Address 1A BURTON HILLS BLVD City-State-Zip: NASHVILLE TN 37215 City-State-Zip: NASHVILLE TN 37215

Title **AUTHORIZED PERSON** 

Name MOORE, ILENE

Address 1A BURTON HILLS BLVD City-State-Zip: NASHVILLE TN 37215

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: ILENE MOORE

Electronic Signature of Signing Authorized Person(s) Detail

**AUTHORIZED PERSON** 

04/22/2022