2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 22, 2019
Secretary of State
2267324763CC

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Entity Name: JAX EMERGENCY PHYSICIANS LLC

Current Principal Place of Business:

7700 W. SUNRISE BLVD.
PLANTATION, FL 33322

Current Mailing Address:

7700 W. SUNRISE BLVD.
PLANTATION, FL 33322 US

FEI Number: 46-2970001

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301 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
Name	EHRA MEDICAL SERVICES OF FLORIDA, LLC
Address	7700 W. SUNRISE BLVD.
City-State-Zip:	PLANTATION FL 33322

Title	AUTHORIZED PERSON
Name	WILSON, CRAIG
Address	7700 W. SUNRISE BLVD.
City-State-Zip:	PLANTATION FL 33322

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: CRAIG WILSON AUTHORIZED PERSON 04/22/2019

Electronic Signature of Signing Authorized Person(s) Detail — Date