

2017 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L13000116714

Entity Name: CRESTSIDE EMERGENCY PHYSICIANS, LLC

Current Principal Place of Business:

6363 S. FIDDLER'S GREEN CIRCLE
SUITE 1400
GREENWOOD VILLAGE, CO 80111

Current Mailing Address:

6363 S. FIDDLER'S GREEN CIRCLE
SUITE 1400
GREENWOOD VILLAGE, CO 80111 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 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	MGR	Title	AUTHORIZED REPRESENTATIVE, DIRECTOR
Name	JH GATEWOOD EMERGENCY PHYSICIANS, PA	Name	GATEWOOD, JOSEPH H. MD
Address	6363 S. FIDDLER'S GREEN CIRCLE SUITE 1400	Address	6363 S. FIDDLER'S GREEN CIRCLE SUITE 1400
City-State-Zip:	GREENWOOD VILLAGE CO 80111	City-State-Zip:	GREENWOOD VILLAGE CO 80111

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: JOSEPH H GATEWOOD, MD

**AUTHORIZED
REPRESENTATIVE,
DIRECTOR**

04/20/2017

Electronic Signature of Signing Authorized Person(s) Detail

Date