

**2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L14000095399

**Entity Name:** BONA EMERGENCY PHYSICIANS, LLC

**Current Principal Place of Business:**

1A BURTON HILLS BOULEVARD  
NASHVILLE, TN 37215

**Current Mailing Address:**

1A BURTON HILLS BOULEVARD  
NASHVILLE, TN 37215 US

**FEI Number:** 47-1328705

**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  
Name EHRA MEDICAL SERVICES OF FLORIDA, LLC  
Address 1A BURTON HILLS BOULEVARD  
City-State-Zip: NASHVILLE TN 37215

Title COO  
Name BAXTER MD, BRIAN  
Address 1A BURTON HILLS BOULEVARD  
City-State-Zip: NASHVILLE TN 37215

Title MEMBER  
Name HCA-EMCARE HOLDINGS, LLC  
Address 1A BURTON HILLS BOULEVARD  
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:** BRIAN BAXTER, MD

**CHIEF OPERATING OFFICER**

**04/21/2023**

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date