# **2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT** DOCUMENT# L14000095917

Entity Name: DIAMOND PEAK EMERGENCY PHYSICIANS, LLC

# Current Principal Place of Business:

20 BURTON HILLS BLVD. SUITE 500 NASHVILLE, TN 37215

# **Current Mailing Address:**

20 BURTON HILLS BLVD. SUITE 500 NASHVILLE, TN 37215 US

# FEI Number: NOT APPLICABLE

### 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

### Authorized Person(s) Detail :

Title	MEMBER	Title	COO
Name	EHRA MEDICAL SERVICES OF	Name	BAXTER MD, BRIAN
Address	FLORIDA, LLC 20 BURTON HILLS BLVD.	Address	20 BURTON HILLS BLVD. SUITE 500
City State 7in		City-State-Zip:	NASHVILLE TN 37215
City-State-Zip:	NASHVILLE TN 37215	City-State-Zip.	NASHVILLE IN 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	COO	04/22/2024
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Electronic Signature of Signing Authorized Person(s) Detail

FILED Apr 22, 2024 Secretary of State 8642610596CC

Certificate of Status Desired: No

Date

Date