

2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L14000099301

Entity Name: MW EMERGENCY PHYSICIAN CARE LLC

Current Principal Place of Business:

1504 BAY ROAD
APT 2910
MIAMI BEACH, FL 33139

Current Mailing Address:

1504 BAY ROAD
APT 2910
MIAMI BEACH, FL 33139

FEI Number: 47-1182159

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

WHEELER, MARERIL
1504 BAY ROAD
APT 2910
MIAMI BEACH, FL 33139 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
Name WHEELER, MARERIL
Address 1504 BAY RD, APT 2910
City-State-Zip: MAIMI BEACH FL 33139

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: MARERIL WHEELER

MANAGER

02/24/2015

Electronic Signature of Signing Authorized Person(s) Detail

Date