

2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L14000101465

Entity Name: SPLIT MOUNTAIN 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: 47-1381562

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 | Title | COO |
| Name | EHRA MEDICAL SERVICES OF FLORIDA, LLC | Name | BAXTER MD, BRIAN |
| Address | 20 BURTON HILLS BLVD. SUITE 500 | Address | 20 BURTON HILLS BLVD. SUITE 500 |
| City-State-Zip: | NASHVILLE TN 37215 | 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

COO

04/21/2024

Electronic Signature of Signing Authorized Person(s) Detail

Date