

**2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L14000101465

**Entity Name:** SPLIT MOUNTAIN EMERGENCY PHYSICIANS, LLC

**Current Principal Place of Business:**

7700 W. SUNRISE BLVD.  
PLANTATION, FL 33322

**Current Mailing Address:**

7700 W. SUNRISE BLVD.  
PLANTATION, FL 33322 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 MEMBER  
Name EHRA MEDICAL SERVICES OF FLORIDA, LLC  
Address 7700 W. SUNRISE BLVD.  
City-State-Zip: PLANTATION FL 33322

Title AUTHORIZED PERSON  
Name WILSON, CRAIG A.  
Address 7700 W. SUNRISE BLVD.  
City-State-Zip: PLANTATION FL 33322

*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:** CRAIG A. WILSON

**AUTHORIZED PERSON**

**04/24/2019**

Electronic Signature of Signing Authorized Person(s) Detail

Date