

2016 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L14000101465

Entity Name: SPLIT MOUNTAIN EMERGENCY PHYSICIANS, LLC

Current Principal Place of Business:

6200 S SYRACUSE WAY
SUITE 200
GREENWOOD VILLAGE, CO 80111

Current Mailing Address:

6200 S SYRACUSE WAY
SUITE 200
GREENWOOD VILLAGE, CO 80111 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	MBR	Title	SECRETARY
Name	EHRA MEDICAL SERVICES OF FLORIDA, LLC	Name	WILSON, CRAIG A.
Address	6200 S SYRACUSE WAY SUITE 200	Address	6200 S SYRACUSE WAY SUITE 200
City-State-Zip:	GREENWOOD VILLAGE CO 80111	City-State-Zip:	GREENWOOD VILLAGE CO 80111

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

SECRETARY

04/27/2016

Electronic Signature of Signing Authorized Person(s) Detail

Date