

2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L14000101465

Entity Name: SPLIT MOUNTAIN EMERGENCY PHYSICIANS, LLC

Current Principal Place of Business:

6200 S SYRACUSE WAY STE 200
GREENWOOD VILLAGE, CO 80111

Current Mailing Address:

6200 S SYRACUSE WAY STE 200
GREENWOOD VILLAGE, CO 80111

FEI Number: 00-0000000

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
Name EHRA MEDICAL SERVICES OF
FLORIDA, LLC
Address 6200 S SYRACUSE WAY STE 200
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

04/23/2015

_____ Electronic Signature of Signing Authorized Person(s) Detail

_____ Date