# 2018 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

#### DOCUMENT# L14000192495

### Entity Name: BALLAN WRASSE EMERGENCY PHYSICIANS, LLC

### **Current Principal Place of Business:**

1A BURTON HILLS BLVD. NASHVILLE, TN 37215

## **Current Mailing Address:**

1A BURTON HILLS BLVD. NASHVILLE, TN 37215 US

## FEI Number: NOT APPLICABLE

## Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301-2525 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

## Authorized Person(s) Detail :

Title	MEMBER	Title	SECRETARY
Name	EHRA MEDICAL SERVICES OF FLORIDA, LLC 1A BURTON HILLS BLVD.	Name	WILSON, CRAIG A.
Address		Address	1A BURTON HILLS BLVD.
		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: CRAIG A WILSON

SECRETARY

04/20/2018

Date

Electronic Signature of Signing Authorized Person(s) Detail

FILED Apr 20, 2018 Secretary of State CC6913718650

Certificate of Status Desired: No