

**2021 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L15000141224

**Entity Name:** MERIDIAN EMERGENCY PHYSICIANS, LLC

**Current Principal Place of Business:**

7700 W. SUNRISE BOULEVARD  
PLANTATION, FL 33322

**Current Mailing Address:**

7700 W. SUNRISE BOULEVARD  
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 32301-2525 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

\_\_\_\_\_ Date

**Authorized Person(s) Detail :**

Title MEMBER  
Name FL-I MEDICAL SERVICES, LLC  
Address 7700 W. SUNRISE BOULEVARD  
City-State-Zip: PLANTATION FL 33322

Title AUTHORIZED PERSON  
Name PAGE, JUSTIN  
Address 7700 W. SUNRISE BOULEVARD  
City-State-Zip: PLANTATION FL 33322

Title COO  
Name SMITH, M.D., DOUGLAS  
Address 7700 W. SUNRISE BOULEVARD  
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:** JUSTIN PAGE

**AUTHORIZED PERSON**

**04/29/2021**

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date