

2016 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L15000178667

Entity Name: EMERGENCY PHYSICIAN SOLUTIONS OF SOUTH FLORIDA
PEDS, LLC**FILED**
Apr 25, 2016
Secretary of State
CC0073268691**Current Principal Place of Business:**1613 NORTH HARRISON PARKWAY
SUITE 200
SUNRISE, FL 33323**Current Mailing Address:**1613 NORTH HARRISON PARKWAY
SUITE 200
SUNRISE, FL 33323 US**FEI Number: 47-5467748****Certificate of Status Desired: No****Name and Address of Current Registered Agent:**MARCUS, JILLIAN
1613 NORTH HARRISON PARKWAY
SUITE 200
SUNRISE, FL 33323 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 MGR
Name HOLDEN, CHRISTOPHER
Address 1613 NORTH HARRISON PARKWAY
City-State-Zip: SUNRISE FL 33323

Title MGR
Name COWARD, ROBERT
Address 1613 NORTH HARRISON PARKWAY
City-State-Zip: SUNRISE FL 33323

Title MGR
Name LAVERTY, JOHN
Address 1613 NORTH HARRISON PARKWAY
City-State-Zip: SUNRISE FL 33323

Title MGR
Name CUFFEE, MICHAEL
Address 1613 NORTH HARRISON PARKWAY
City-State-Zip: SUNRISE FL 33323

Title COO
Name WEINSTEIN, CHRISTINE
Address 1613 NORTH HARRISON PARKWAY
City-State-Zip: SUNRISE FL 33323

Title CDO
Name MAURICE, SARAH
Address 1613 NORTH HARRISON PARKWAY
City-State-Zip: SUNRISE FL 33323

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: CHRISTINE WEINSTEIN**COO****04/25/2016**

Electronic Signature of Signing Authorized Person(s) Detail

Date