

**2021 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L16000159007

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

**Current Principal Place of Business:**

7700 W. SUNRISE BLVD.  
PLANTATION, FL 33322

**Current Mailing Address:**

7700 W. SUNRISE BLVD.  
PLANTATION, FL 33322 US

**FEI Number: 30-0950488**

**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: HEATHER HENDERSEN, ASSISTANT SECRETARY**

**04/28/2021**

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title	COO	Title	AUTHORIZED PERSON
Name	SMITH, M.D., DOUGLAS	Name	PAGE, JUSTIN
Address	7700 W. SUNRISE BLVD.	Address	7700 W. SUNRISE BLVD.
City-State-Zip:	PLANTATION FL 33322	City-State-Zip:	PLANTATION FL 33322

Title	MEMBER
Name	EHRA MEDICAL SERVICES OF FLORIDA, LLC
Address	7700 W. SUNRISE BLVD.
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**

**04/28/2021**

Electronic Signature of Signing Authorized Person(s) Detail

Date