

2022 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L16000159007

Entity Name: THOMASVILLE 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: 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

04/22/2022

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title	COO	Title	AUTHORIZED PERSON
Name	BAXTER MD, BRIAN	Name	MOORE, ILENE
Address	1A BURTON HILLS BLVD	Address	1A BURTON HILLS BLVD
City-State-Zip:	NASHVILLE TN 37215	City-State-Zip:	NASHVILLE TN 37215

Title	MEMBER
Name	EHRA MEDICAL SERVICES OF FLORIDA, LLC
Address	1A BURTON HILLS BLVD
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: ILENE MOORE

AUTHORIZED PERSON

04/22/2022

Electronic Signature of Signing Authorized Person(s) Detail

Date