

2017 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L16000159007

Entity Name: THOMASVILLE EMERGENCY PHYSICIANS, LLC

Current Principal Place of Business:

6363 S. FIDDLERS GREEN CIRCLE
14TH FLOOR
GREENWOOD VILLAGE, CO 80111

Current Mailing Address:

6363 S. FIDDLERS GREEN CIRCLE
14TH FLOOR
GREENWOOD VILLAGE, CO 80111

FEI Number: 30-0950488

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

WILSON, CRAIG A
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: _____

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title	AMBR	Title	MGR
Name	EHRA MEDICAL SERVICES OF FLORIDA, LLC	Name	SMITH, DOUGLAS M.D.
Address	6363 S. FIDDLERS GREEN CIRCLE, 14TH FLOOR	Address	6363 S. FIDDLERS GREEN CIRCLE, 14TH FLOOR
City-State-Zip:	GREENWOOD VILLAGE CO 80111	City-State-Zip:	GREENWOOD VILLAGE CO 80111

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: DOUGLAS SMITH

AUTHORIZED PERSON

04/13/2017

Electronic Signature of Signing Authorized Person(s) Detail

Date