

**2017 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L16000206936

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

**Current Principal Place of Business:**

6363 S. FIDDLER'S GREEN CIRCLE  
SUITE 1400  
GREENWOOD VILLAGE, CO 80111

**Current Mailing Address:**

6363 S. FIDDLER'S GREEN CIRCLE  
SUITE 1400  
GREENWOOD VILLAGE, CO 80111 US

**FEI Number:** 81-4414380

**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	Title	MGR
Name	EHRA MEDICAL SERVICES OF FLORIDA, LLC	Name	SMITH, DOUGLAS M.D.
Address	6363 S. FIDDLER'S GREEN CIRCLE SUITE 1400	Address	6363 S. FIDDLER'S GREEN CIRCLE SUITE 1400
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, M.D.

**MGR**

**04/20/2017**

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

\_\_\_\_\_  
Date