

2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L17000262905

Entity Name: LAKE JACKSON EMERGENCY PHYSICIANS, LLC

Current Principal Place of Business:

1A BURTON HILLS BLVD
NASHVILLE, TN 37215

Current Mailing Address:

7700 W SUNRISE BLVD
PLANTATION, FL 33322 US

FEI Number: 82-3904318

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 AMBR
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: CRAIG A. WILSON

AUTHORIZED PERSON

04/23/2019

_____ Electronic Signature of Signing Authorized Person(s) Detail

_____ Date