

2020 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L18000286637

Entity Name: TRUEPARTNERS WESTLAKE EMERGENCY SPECIALISTS LLC

Current Principal Place of Business:

5121 MARYLAND WAY, SUITE 300
BRENTWOOD, TN 37027

Current Mailing Address:

5121 MARYLAND WAY, SUITE 300
BRENTWOOD, TN 37027 US

FEI Number: 83-2862964

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

COGENCY GLOBAL INC.
115 NORTH CALHOUN STREET, SUITE 4
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
Name AMERICAN PHYSICIAN HOLDINGS,
LLC
Address 5121 MARYLAND WAY, SUITE 300
City-State-Zip: BRENTWOOD TN 37027

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: ANDREW MCQUEEN

SECRETARY

04/06/2020

Electronic Signature of Signing Authorized Person(s) Detail

Date