

**2014 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M1300000466

**Entity Name:** SERVETAS EMERGENCY PHYSICIANS GROUP LLC

**Current Principal Place of Business:**

5701 COLLINS AVE. #615  
MIAMI BEACH, FL 33140

**Current Mailing Address:**

5701 COLLINS AVE. #615  
MIAMI BEACH, FL 33140

**FEI Number:** 27-2848846

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

SERVETAS, JIMMY B  
5701 COLLINS AVE. #615  
MIAMI BEACH, FL 33140 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 MGRM  
Name SERVETAS, JIMMY B  
Address 5701 COLLINS AVE. #615  
City-State-Zip: MIAMI BEACH FL 33140

*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:** JIMMY B SERVETAS

**PRESIDENT**

**04/01/2014**

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

\_\_\_\_\_ Date