

**2014 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L10000071024

**Entity Name:** MIAMI-DADE EMERGENCY PHYSICIANS, LLC

**Current Principal Place of Business:**

1300 RIVERPLACE BLVD  
STE 300  
JACKSONVILLE, FL 32207

**Current Mailing Address:**

1300 RIVERPLACE BLVD, STE 300  
ATTN: LEGAL DEPARTMENT  
JACKSONVILLE, FL 32207

**FEI Number:** 27-2982642

**Certificate of Status Desired:** No

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

CT CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324 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           MANAGING MEMBER  
Name           STERLING GROUP PHYSICIAN  
                  SERVICES, LLC  
Address        1300 RIVERPLACE BLVD, STE 300  
City-State-Zip: JACKSONVILLE FL 32207

*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:** SARAH CH CRASS

**VICE PRESIDENT**

**04/03/2014**

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

\_\_\_\_\_  
Date