

**2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L10000071024

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

**Current Principal Place of Business:**

300 S. PARK ROAD, SUITE 400  
HOLLYWOOD, FL 33021

**Current Mailing Address:**

ATTN: LEGAL DEPARTMENT  
300 S. PARK ROAD, SUITE 400  
HOLLYWOOD, FL 33021 US

**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        300 S. PARK ROAD, SUITE 400  
City-State-Zip: HOLLYWOOD FL 33021

*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

04/23/2015

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

\_\_\_\_\_ Date