

2013 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 608, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: SARAH C.H. CRASS

VP

04/04/2013

_____ Electronic Signature of Signing Authorized Person(s) Detail

_____ Date