

2017 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L11000110998

Entity Name: SOUTHLAND HOSPITALIST AT WEEMS, PL

Current Principal Place of Business:

152 DANA POINTE
NICEVILLE, FL 32578

Current Mailing Address:

PO BOX 5218
NICEVILLE, FL 32578-5218 US

FEI Number: 45-3454386

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

BELL, LINDA M
403 PARKWOOD PLACE
NICEVILLE, FL 32578 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 SOUTHLAND EMERGENCY MEDICAL
SERVICES OF FL
Address 152 DANA POINTE
City-State-Zip: NICEVILLE FL 32578

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: PAUL D. HART

MGRM

01/12/2017

_____ Electronic Signature of Signing Authorized Person(s) Detail

_____ Date