2013 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 04, 2013
Secretary of State
CC8507007610

DOCUMENT# L11000143728

Entity Name: MID-FLORIDA EMERGENCY PHYSICIANS, LLC

Current Principal Place of Business:

300 SOUTH PARK ROAD
SUITE 400
HOLLYWOOD, FL 33021

Current Mailing Address:

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

FEI Number: 45-4112092

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	EDCARE MANAGEMENT, INC.
Address	300 SOUTH 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 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