

2014 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L13000077715

Entity Name: ACADEMIC EMERGENCY INTENSIVISTS, LLC

Current Principal Place of Business:

4343 W HAROLD AVE
VISALIA, CA 93291

Current Mailing Address:

4343 W HAROLD AVE
VISALIA, CA 93291 US

FEI Number: 46-2861644

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

FERGUSON, KEVIN L
4308 SW 91 DR
GAINESVILLE, FL 32608 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 FERGUSON, KEVIN L
Address 4343 W HAROLD AVE
City-State-Zip: VISALIA CA 93291

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: KEVIN L. FERGUSON MD

MANAGER

04/18/2014

Electronic Signature of Signing Authorized Person(s) Detail

Date