

2014 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L13000138936

Entity Name: INDIAN RIVER EMERGENCY GROUP, LLC

Current Principal Place of Business:

5665 NEW NORTHSIDE DRIVE
SUITE 320
ATLANTA, GA 30328

Current Mailing Address:

5665 NEW NORTHSIDE DRIVE
SUITE 320
ATLANTA, GA 30328

FEI Number: 46-3806772

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

C T 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 MGR
Name APOLLOMD BUSINESS SERVICES,
LLC
Address 5665 NEW NORTHSIDE DRIVE, SUITE
320
City-State-Zip: ATLANTA GA 30328

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: MELISSA ATKINS

LEGAL ASSISTANT

01/09/2014

Electronic Signature of Signing Authorized Person(s) Detail

Date