2020 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jun 28, 2020
Secretary of State
3596449602CC

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Entity Name: HARPER EMERGENCY PHYSICIANS, LLC

Current Principal Place of Business:

7700 W. SUNRISE BLVD.
PLANTATION, FL 33322

Current Mailing Address:

7700 W. SUNRISE BLVD.
PLANTATION, FL 33322 US

FEI Number: NOT APPLICABLE

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301-2525 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	MEMBER
Name	J. H. GATEWOOD EMERGENCY SERVICES, P.A.
Address	7700 W. SUNRISE BLVD.
City-State-Zip:	PLANTATION FL 33322

Title	MEMBER
Name	GES ACCOUNT MANAGEMENT, INC.
Address	7700 W. SUNRISE BLVD.
City-State-Zip:	PLANTATION FL 33322

Title	AUTHORIZED PERSON
Name	WILSON, CRAIG
Address	7700 W. SUNRISE BLVD.
City-State-Zip:	PLANTATION FL 33322

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: CRAIG A. WILSON AUTHORIZED PERSON 06/28/2020

Electronic Signature of Signing Authorized Person(s) Detail — Date