

2014 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L13000154458

Entity Name: SHORECOAST ER SVCS PARTNERSHIP, LLC

Current Principal Place of Business:

6200 S. SYRACUSE WAY, STE. 200
GREENWOOD VILLAGE, CO 80111

Current Mailing Address:

6200 S. SYRACUSE WAY, STE. 200
GREENWOOD VILLAGE, CO 80111

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 MGRM
Name JH GATEWOOD EMERGENCY PHYSICIANS, PA
Address 6200 S. SYRACUSE WAY, STE. 200
City-State-Zip: GREENWOOD VILLAGE CO 80111

Title MGRM
Name GES ACCOUNT MANAGEMENT, INC.
Address 6200 S. SYRACUSE WAY, STE. 200
City-State-Zip: GREENWOOD VILLAGE CO 80111

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

SECRETARY

07/16/2014

Electronic Signature of Signing Authorized Person(s) Detail

Date