

**2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L14000034440

**Entity Name:** SOUTHLAND HOSPITALIST AT CHIPLEY, PLLC

**Current Principal Place of Business:**

152 DANA POINTE  
NICEVILLE, FL 32578

**Current Mailing Address:**

PO BOX 5218  
NICEVILLE, FL 32578-5218 US

**FEI Number: 36-4780095**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

BELL, LINDA M CFO  
403 PARKWOOD PLACE  
NICEVILLE, FL 32578 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 SOUTHLAND EMERGENCY MEDICAL  
SERVICES OF FL  
Address 152 DANA POINTE  
City-State-Zip: NICEVILLE FL 32578

*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: PAUL D. HART**

**MMBR**

**01/16/2023**

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date