

**2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L14000095958

**Entity Name:** CRATER LAKE EMERGENCY PHYSICIANS, LLC

**Current Principal Place of Business:**

20 BURTON HILLS BLVD.  
SUITE 500  
NASHVILLE, TN 37215

**Current Mailing Address:**

20 BURTON HILLS BLVD.  
SUITE 500  
NASHVILLE, TN 37215 US

**FEI Number:** 47-1406448

**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	Title	COO
Name	EHRA MEDICAL SERVICES OF FLORIDA, LLC	Name	BAXTER MD, BRIAN
Address	20 BURTON HILLS BLVD. SUITE 500	Address	20 BURTON HILLS BLVD. SUITE 500
City-State-Zip:	NASHVILLE TN 37215	City-State-Zip:	NASHVILLE TN 37215

*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:** BRIAN BAXTER MD

COO

04/22/2024

Electronic Signature of Signing Authorized Person(s) Detail

Date