

2022 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L14000195000

Entity Name: FLORIDA HOSPITAL MEDICINE SERVICES, LLC

Current Principal Place of Business:

1643 NW 136TH AVE
BUILDING H, SUITE 100
SUNRISE, FL 33323

Current Mailing Address:

ATTN: LEGAL DEPARTMENT
265 BROOKVIEW CENTRE WAY, SUITE 400
KNOXVILLE, TN 37919 US

FEI Number: 20-4864532

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	MBR
Name	SOUTHWEST FLORIDA EMERGENCY MANAGEMENT, LLC
Address	1643 NW 136TH AVE BUILDING H, SUITE 100
City-State-Zip:	SUNRISE FL 33323

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: JOHN R STAIR

ASSISTANT SECRETARY 04/12/2022

Electronic Signature of Signing Authorized Person(s) Detail

Date