

**2016 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L15000141223

**FILED**  
**Apr 26, 2016**  
**Secretary of State**  
**CC6787829917**

**Entity Name:** GALAXY EMERGENCY PHYSICIANS, LLC

**Current Principal Place of Business:**

6200 S SYRACUSE WAY #200  
GREENWOOD VILLAGE, CO 80111

**Current Mailing Address:**

6200 S SYRACUSE WAY #200  
GREENWOOD VILLAGE, CO 80111 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            AMBR  
Name            EHRA MEDICAL SERVICES OF  
                    FLORIDA, LLC  
Address        6200 S SYRACUSE WAY #200  
City-State-Zip: GREENWOOD VILLAGE CO 80111

Title            MGR  
Name            ERLING, BRIAN M.D.  
Address        6200 S SYRACUSE WAY #200  
City-State-Zip: GREENWOOD VILLAGE CO 80111

Title            SECRETARY  
Name            WILSON, CRAIG A.  
Address        6200 S SYRACUSE WAY #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**

**04/26/2016**

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

\_\_\_\_\_  
Date