

2018 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L16000210540

Entity Name: CFS EMERGENCY MEDICINE, L.L.C.

Current Principal Place of Business:

1188 MARY KATE DR
GULF BREEZE, FL 32563

Current Mailing Address:

1188 MARY KATE DR
GULF BREEZE, FL 32563 UN

FEI Number: 81-4479505

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

JACKSON, CORINNE S
1188 MARY KATE DR
GULF BREEZE, FL 32563 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 JACKSON, CORINNE S
Address 1188 MARY KATE DR
City-State-Zip: GULF BREEZE FL 32563

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: CORINNE S. JACKSON

MEMBER

03/20/2018

Electronic Signature of Signing Authorized Person(s) Detail

Date