

**2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L18000174591

**Entity Name:** LAKE OLIVER EMERGENCY GROUP, LLC

**Current Principal Place of Business:**

200 CORPORATE BLVD.  
LAFAYETTE, LA 70508

**Current Mailing Address:**

200 CORPORATE BLVD.  
LAFAYETTE, LA 70508 US

**FEI Number:** 83-1303186

**Certificate of Status Desired:** No

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

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND RD  
PLANTATION, FL 33324 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            SCHILLINGER, DAVID MD  
Address        200 CORPORATE BOULEVARD  
City-State-Zip: LAFAYETTE LA 70508

*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:** DAVID SCHILLINGER, MD

**MEMBER**

**04/08/2024**

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

\_\_\_\_\_  
Date