

2022 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L21000384460

Entity Name: LEMON BAY EMERGENCY PHYSICIANS PLLC

Current Principal Place of Business:

195 WINSON AVE
ENGLEWOOD, FL 34223

Current Mailing Address:

195 WINSON AVE
ENGLEWOOD, FL 34223

FEI Number: 87-2433510

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

STRBICH, STEVEN
195 WINSON AVE
ENGLEWOOD, FL 34223 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	Title	AUTHORIZED REPRESENTATIVE
Name	STRBICH, STEVEN	Name	TEWES, CONNIE
Address	195 WINSON AVE	Address	5718 W US 10
City-State-Zip:	ENGLEWOOD FL 34223	City-State-Zip:	LUDINGTON MI 49431

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: CONNIE M TEWES

**AUTHORIZED
REPRESENTATIVE**

05/06/2022

Electronic Signature of Signing Authorized Person(s) Detail

Date