

No. W 153243		Due no later than Jun 30, 2017		2. Registered Agent and Address (NO PO BOX)			
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE		1. Mailing Address: Correct in this box if needed. NORTHWEST EMERGENCY PHYSICIANS, LLC ATTN: LEGAL DEPT 265 BROOKVIEW CENTRE WAY SUITE 400 KNOXVILLE TN 37919		CORPORATION SERVICE COMPANY 12550 W EXPLORER DR STE 100 BOISE ID 83713			
				3. <u>New</u> Registered Agent Signature:*			
4. Limited Liability Companies: Enter Names and Addresses of at least one Member or Manager.							
Office Held	Name	Street or PO Address	City	State	Country	Postal Code	
MEMBER	SOUTHWEST FLORIDA EMERGENCY MA	5870 N. HIATUS RD., SUITE 200	TAMARAC	FL	USA	33323	
5. Organized Under the Laws of: WA W 153243		6. Annual Report must be signed.* Signature: John R. Stair Name (type or print): John R. Stair Date: 06/16/2017 Title: Assistant Secretary					
Processed 06/16/2017		* Electronically provided signatures are accepted as original signatures.					