



Form Revision Date 07/2016

APPLICATION TO RENEW REGISTRATION OF A LIMITED LIABILITY PARTNERSHIP

For use by DOMESTIC LIMITED LIABILITY PARTNERSHIP

Pursuant to the provisions of Act 72, Public Acts of 1917, as amended, the undersigned execute the following and will operate as a Limited Liability Partnership

1. The name of the partnership is:

PLAINS EMERGENCY PHYSICIANS, LLP

2. The identification number assigned by the Bureau is:

801075491

ALL LIMITED LIABILITY PARTNERSHIP TYPES

Principal Office Address:

Street Address: 10850 E TRAVERSE HWY

Apt/Suite/Other: STE 4400

City: TRAVERSE CITY

State: MI

Zip Code: 49684

Country: United States



This document must be signed by a majority in interest of the partners or by one or more individuals authorized by a majority in interest of the partners:

Signed this 15th Day of March, 2021 by:

Signature	Title	Title if "Other" was selected
DERIK K. KING, MD	Partner	

By selecting ACCEPT, you hereby acknowledge that this electronic document is submitted in compliance with M.G.L. Chapter 156D, Section 2.02, 950 CMR 113.16 and that the information is true...

Decline

Accept

MICHIGAN DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS

FILING ENDORSEMENT

This is to Certify that the APPLICATION TO RENEW REGISTRATION OF A LIMITED
LIABILITY PARTNERSHIP
for

PLAINS EMERGENCY PHYSICIANS, LLP

ID Number: 801075491

received by electronic transmission on March 15, 2021 ***, is hereby endorsed.***

Filed on March 16, 2021 ***, by the Administrator.***

The document is effective on the date filed, unless a subsequent effective date within 90 days after received date is stated in the document.

Expiration Date: March 24, 2022



In testimony whereof, I have hereunto set my hand and affixed the Seal of the Department, in the City of Lansing, this 16th day of March, 2021.

Linda Clegg

Linda Clegg, Director

Corporations, Securities & Commercial Licensing Bureau