



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:

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 12th Day of January, 2023 by:

Signature	Title	Title if "Other" was selected
STEPHEN NICHOLS, 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 January 12, 2023 ***, is hereby endorsed.***

Filed on January 13, 2023 ***, 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, 2024



In testimony whereof, I have hereunto set my hand and affixed the Seal of the Department, in the City of Lansing, this 13th day of January, 2023.

Linda Clegg

Linda Clegg, Director

Corporations, Securities & Commercial Licensing Bureau