

2017 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000009189

Entity Name: ST. LUCIE ANESTHESIA ASSOCIATES, LLC

FILED
Apr 25, 2017
Secretary of State
CC3041135561

Current Principal Place of Business:

7700 WEST SUNRISE BOULEVARD
MAILSTOP PL-6
PLANTATION, FL 33322

Current Mailing Address:

7700 WEST SUNRISE BOULEVARD
MAILSTOP PL-6
PLANTATION, FL 33322 US

FEI Number: 26-1822664

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

MARCUS, JILLIAN
7700 WEST SUNRISE BOULEVARD
PLANTATION, FL 33322 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	MANAGER, PRESIDENT	Title	SENIOR VICE PRESIDENT CLINICAL
Name	COWARD, ROBERT	Name	DROZDOW, GILBERT
Address	7700 WEST SUNRISE BOULEVARD MAILSTOP PL-6	Address	7700 WEST SUNRISE BOULEVARD MAILSTOP PL-6
City-State-Zip:	PLANTATION FL 33322	City-State-Zip:	PLANTATION FL 33322
Title	VP, ASST. SECRETARY	Title	EXECUTIVE VICE PRESIDENT
Name	MARCUS, JILLIAN	Name	EASTRIDGE, KEVIN
Address	7700 WEST SUNRISE BOULEVARD MAILSTOP PL-6	Address	7700 WEST SUNRISE BOULEVARD MAILSTOP PL-6
City-State-Zip:	PLANTATION FL 33322	City-State-Zip:	PLANTATION FL 33322
Title	SENIOR VICE PRESIDENT CLINICAL	Title	SECRETARY, SENIOR VICE PRESIDENT
Name	IANNACONE, RAY	Name	WILSON, CRAIG
Address	7700 WEST SUNRISE BOULEVARD MAILSTOP PL-6	Address	7700 WEST SUNRISE BOULEVARD MAILSTOP PL-6
City-State-Zip:	PLANTATION FL 33322	City-State-Zip:	PLANTATION FL 33322
Title	CFO	Title	TREASURER
Name	STANDIFIRD, JASON	Name	RUTHERFORD, KRISTY
Address	7700 WEST SUNRISE BOULEVARD MAILSTOP PL-6	Address	7700 WEST SUNRISE BOULEVARD MAILSTOP PL-6
City-State-Zip:	PLANTATION FL 33322	City-State-Zip:	PLANTATION FL 33322

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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: CRAIG WILSON

SECRETARY

04/25/2017

Electronic Signature of Signing Authorized Person(s) Detail

Date

Authorized Person(s) Detail Continued :

Title VP
Name JOHNSON, BENJAMIN
Address 7700 WEST SUNRISE BOULEVARD
MAILSTOP PL-6
City-State-Zip: PLANTATION FL 33322

Title VP
Name MORRIS, ERIN
Address 7700 WEST SUNRISE BOULEVARD
MAILSTOP PL-6
City-State-Zip: PLANTATION FL 33322

Title AUTHORIZED SIGNOR FOR ENROLLMENT
PURPOSES
Name BEHM, TENNA
Address 7700 WEST SUNRISE BOULEVARD
MAILSTOP PL-6
City-State-Zip: PLANTATION FL 33322