2021 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 28, 2021
Secretary of State
6192857492CC

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Entity Name: ST. LUCIE ANESTHESIA ASSOCIATES, LLC

Current Principal Place of Business:

7700 W. SUNRISE BLVD
PLANTATION, FL 33322

Current Mailing Address:

7700 W. SUNRISE BLVD
PLANTATION, FL 33322 US

FEI Number: 26-1822664

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS ST
TALLAHASSEE, FL 32301 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
Name	SMITH, M.D., DOUGLAS
Address	7700 W. SUNRISE BLVD
City-State-Zip:	PLANTATION FL 33322

Title	TREASURER
Name	CHARPENTIER, JASON
Address	7700 W. SUNRISE BLVD
City-State-Zip:	PLANTATION FL 33322

Title	VP, ASST. SECRETARY
Name	PAGE, JUSTIN
Address	7700 W. SUNRISE BLVD
City-State-Zip:	PLANTATION FL 33322

Title	SENIOR VP - CLINICAL
Name	CHAUNG, M.D., CHAN-CHOU
Address	7700 W. SUNRISE BLVD
City-State-Zip:	PLANTATION FL 33322

Title	SENIOR VP, SECRETARY
Name	MOORE, ILENE
Address	7700 W. SUNRISE BLVD
City-State-Zip:	PLANTATION FL 33322

Title	VP
Name	MUSSO, MATTHEW
Address	7700 W. SUNRISE BLVD
City-State-Zip:	PLANTATION FL 33322

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: JUSTIN PAGE VICE PRESIDENT 04/28/2021

Electronic Signature of Signing Authorized Person(s) Detail — Date