2014 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L10000061663

Entity Name: ANESTHESIA ASSOCIATES OF PINELLAS COUNTY DIVISION, LLC

Current Principal Place of Business:

1613 NORTH HARRISON PARKWAY SUITE 200 SUNRISE, FL 33323

Current Mailing Address:

1613 NORTH HARRISON PARKWAY SUITE 200 SUNRISE, FL 33323 US

FEI Number: 27-3182785

Name and Address of Current Registered Agent:

MARTUS, JAY 1613 NORTH HARRISON PARKWAY SUITE 200 SUNRISE, FL 33323 US Certificate of Status Desired: No

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	JAY MARTUS		03/17/2014
	Electronic Signature of Registered Agent		Date
Authorized	Person(s) Detail :		
Title	CEO	Title	EVP
Name	CARLYLE, JOHN	Name	DROZDOW, GILBERT
Address	1613 NORTH HARRISON PARKWAY SUITE 200	Address	1613 NORTH HARRISON PARKWAY SUITE 200
City-State-Zip:	SUNRISE FL 33323	City-State-Zip:	SUNRISE FL 33323
Title	EVP	Title	CFO
Name	MARTUS, JAY	Name	KIRALY, THOMAS
Address	1613 NORTH HARRISON PARKWAY SUITE 200	Address	1613 NORTH HARRISON PARKWAY SUITE 200
City-State-Zip:	SUNRISE FL 33323	City-State-Zip:	SUNRISE FL 33323
Title	VP	Title	PRESIDENT
Name	MARCUS, JILLIAN	Name	COWARD, ROBERT
Address	1613 NORTH HARRISON PARKWAY SUITE 200	Address	1613 NORTH HARRISON PARKWAY SUITE 200
City-State-Zip:	SUNRISE FL 33323	City-State-Zip:	SUNRISE FL 33323

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: JAY MARTUS

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Electronic Signature of Signing Authorized Person(s) Detail