2021 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L10000061663

Entity Name: ANESTHESIA ASSOCIATES OF PINELLAS COUNTY DIVISION,

LLC

Name

FILED
Apr 23, 2021
Secretary of State
2165619393CC

Current Principal Place of Business:

7700 WEST SUNRISE BOULEVARD PLANTATION, FL 33322

Current Mailing Address:

7700 WEST SUNRISE BOULEVARD PLANTATION, FL 33322 US

FEI Number: 27-3182785 Certificate of Status Desired: No

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY 1201 HAYS STREET 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: JILLIAN MARCUS 04/23/2021

Electronic Signature of Registered Agent Date

Title

Authorized Person(s) Detail:

Title SENIOR VICE PRESIDENT CLINICAL Title PRESIDENT, MANAGER Name CHUANG, M.D., CHAN-CHOU Name SMITH, M.D., DOUGLAS

Address 7700 WEST SUNRISE BOULEVARD Address 7700 WEST SUNRISE BOULEVARD

City-State-Zip: PLANTATION FL 33322 City-State-Zip: PLANTATION FL 33322

Title TREASURER Title SENIOR VICE PRESIDENT AND

SECRETARY

VΡ

Name CHARPENTIER, JASON Name MOORE, ILENE

Address 7700 WEST SUNRISE BOULEVARD Address 7700 WEST SUNRISE BOULEVARD

City-State-Zip: PLANTATION FL 33322

City-State-Zip: PLANTATION FL 33322

Title VICE PRESIDENT AND ASSISTANT

SECRETARY

PAGE, JUSTIN Name MUSSO, MATTHEW

Address 7700 WEST SUNRISE BOULEVARD Address 7700 WEST SUNRISE BOULEVARD

City-State-Zip: PLANTATION FL 33322 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

Electronic Signature of Signing Authorized Person(s) Detail

VICE PRESIDENT

04/23/2021