

**2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L10000061663

**Entity Name:** ANESTHESIA ASSOCIATES OF PINELLAS COUNTY DIVISION, LLC

**FILED**  
**Apr 17, 2023**  
**Secretary of State**  
**8090382159CC**

**Current Principal Place of Business:**

1A BURTON HILLS BOULEVARD  
NASHVILLE, TN 37215

**Current Mailing Address:**

1A BURTON HILLS BOULEVARD  
NASHVILLE, TN 37215 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

04/17/2023

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title	MANAGER	Title	SECRETARY
Name	CHUANG MD, CHAN-CHOU	Name	MOORE, ILENE
Address	1A BURTON HILLS BOULEVARD	Address	1A BURTON HILLS BOULEVARD
City-State-Zip:	NASHVILLE TN 37215	City-State-Zip:	NASHVILLE TN 37215

*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:** ILENE MOORE

**SECRETARY**

04/17/2023

Electronic Signature of Signing Authorized Person(s) Detail

Date