

**2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L10000061663

**FILED**  
**Apr 28, 2015**  
**Secretary of State**  
**CC2289568153**

**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**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

MARCUS, JILLIAN  
1613 NORTH HARRISON PARKWAY  
SUITE 200  
SUNRISE, FL 33323 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

04/28/2015

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title CEO  
Name GULMI, CLAIRE  
Address 1613 NORTH HARRISON PARKWAY  
SUITE 200  
City-State-Zip: SUNRISE FL 33323

Title EVP  
Name DROZDOW, GILBERT  
Address 1613 NORTH HARRISON PARKWAY  
SUITE 200  
City-State-Zip: SUNRISE FL 33323

Title VP & S  
Name MARCUS, JILLIAN  
Address 1613 NORTH HARRISON PARKWAY  
SUITE 200  
City-State-Zip: SUNRISE FL 33323

Title VP & T  
Name EASTRIDGE, KEVIN  
Address 1613 NORTH HARRISON PARKWAY  
SUITE 200  
City-State-Zip: SUNRISE FL 33323

Title ASST SEC  
Name SANTARONE, STACY  
Address 1613 NORTH HARRISON PARKWAY  
SUITE 200  
City-State-Zip: SUNRISE FL 33323

Title PRESIDENT  
Name COWARD, ROBERT  
Address 1613 NORTH HARRISON PARKWAY  
SUITE 200  
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:** JILLIAN MARCUS

VP

04/28/2015

Electronic Signature of Signing Authorized Person(s) Detail

Date