

**2016 FLORIDA LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT**

DOCUMENT# L10000061663

**FILED  
Oct 22, 2016  
Secretary of State  
CC0020789080**

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

**Current Principal Place of Business:**

7700 WEST SUNRISE BOULEVARD  
PLANTATION, FL 33322

**Current Mailing Address:**

7700 WEST SUNRISE BOULEVARD  
MAILSTOP PL-6  
PLANTATION, FL 33322 US

**FEI Number: 27-3182785**

**Certificate of Status Desired: No**

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

MARCUS, JILLIAN  
7700 WEST SUNRISE BOULEVARD  
PLANTATION, FL 33322 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

10/22/2016

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title	CEO	Title	EVP
Name	GULMI, CLAIRE	Name	DROZDOW, GILBERT
Address	7700 WEST SUNRISE BOULEVARD	Address	7700 WEST SUNRISE BOULEVARD
City-State-Zip:	PLANTATION FL 33322	City-State-Zip:	PLANTATION FL 33322
Title	VP & S	Title	VP & T
Name	MARCUS, JILLIAN	Name	EASTRIDGE, KEVIN
Address	7700 WEST SUNRISE BOULEVARD	Address	7700 WEST SUNRISE BOULEVARD
City-State-Zip:	PLANTATION FL 33322	City-State-Zip:	PLANTATION FL 33322
Title	ASST SEC	Title	PRESIDENT
Name	SANTARONE, STACY	Name	COWARD, ROBERT
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:** JILLIAN MARCUS

VP

10/22/2016

Electronic Signature of Signing Authorized Person(s) Detail

Date