

2014 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L13000175761

**FILED
Feb 24, 2014
Secretary of State
CC1164875510**

Entity Name: ANESTHESIA PHYSICIAN SOLUTIONS OF SOUTH FLORIDA, 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

FEI Number: 46-4364900

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

MARTUS, JAY A
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: _____

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title MANAGER, D
Name COWARD, ROBERT
Address 1613 NORTH HARRISON PARKWAY,
 SUITE 200
City-State-Zip: SUNRISE FL 33323

Title MANAGER, D
Name CARLYLE, JOHN
Address 1613 NORTH HARRISON PARKWAY,
 SUITE 200
City-State-Zip: SUNRISE FL 33323

Title MANAGER, D
Name LAVERTY, JOHN
Address 1613 NORTH HARRISON PARKWAY
 SUITE 200
City-State-Zip: SUNRISE FL 33323

Title MANAGER, D
Name CUFFEE, MICHAEL
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: ROBERT COWARD

MANAGER

02/24/2014

Electronic Signature of Signing Authorized Person(s) Detail

Date