

2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L14000035066

Entity Name: NEONATOLOGY PHYSICIAN SOLUTIONS OF SOUTH FLORIDA, LLC**FILED**
Apr 23, 2019
Secretary of State
6140762055CC**Current Principal Place of Business:**7700 WEST SUNRISE BOULEVARD
MAILSTOP PL-6
PLANTATION, FL 33322**Current Mailing Address:**7700 WEST SUNRISE BOULEVARD
MAILSTOP PL-6
PLANTATION, FL 33322 US**FEI Number: 46-4978127****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****04/23/2019**

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title MANAGER
Name JACKSON, BRIAN
Address 7700 WEST SUNRISE BOULEVARD
MAILSTOP PL-6
City-State-Zip: PLANTATION FL 33322

Title MANAGER
Name CUFFEE, MICHAEL MD
Address 7700 WEST SUNRISE BOULEVARD
MAILSTOP PL-6
City-State-Zip: PLANTATION FL 33322

Title MANAGER
Name SMITH, DOUGLAS MD
Address 7700 WEST SUNRISE BOULEVARD
MAILSTOP PL-6
City-State-Zip: PLANTATION FL 33322

Title MANAGER
Name WITTY, KAREY
Address 7700 WEST SUNRISE BOULEVARD
MAILSTOP PL-6
City-State-Zip: PLANTATION FL 33322

Title MANAGER
Name LAVERTY, JOHN
Address 7700 WEST SUNRISE BOULEVARD
MAILSTOP PL-6
City-State-Zip: PLANTATION FL 33322

Title MANAGER
Name FOSTER, JON
Address 7700 WEST SUNRISE BOULEVARD
MAILSTOP PL-6
City-State-Zip: PLANTATION FL 33322

Title AUTHORIZED PERSON
Name WILSON, CRAIG
Address 7700 WEST SUNRISE BOULEVARD
MAILSTOP PL-6
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: CRAIG WILSON**AUTHORIZED PERSON****04/23/2019**

Electronic Signature of Signing Authorized Person(s) Detail

Date