

2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L14000035066

Entity Name: NEONATOLOGY PHYSICIAN SOLUTIONS OF SOUTH FLORIDA, LLC**FILED**
Apr 18, 2024
Secretary of State
1587857260CC**Current Principal Place of Business:**20 BURTON HILLS BLVD.
SUITE 500
NASHVILLE, TN 37215**Current Mailing Address:**20 BURTON HILLS BLVD.
SUITE 500
NASHVILLE, TN 37215 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

04/18/2024

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title MANAGER
Name PAVON, RICARDO
Address 20 BURTON HILLS BLVD.
SUITE 500
City-State-Zip: NASHVILLE TN 37215

Title MANAGER
Name LAVERTY, JOHN
Address 20 BURTON HILLS BLVD.
SUITE 500
City-State-Zip: NASHVILLE TN 37215

Title MANAGER
Name CUFFEE, MICHAEL S
Address 20 BURTON HILLS BLVD.
SUITE 500
City-State-Zip: NASHVILLE TN 37215

Title COO
Name BAXTER, MD, BRIAN
Address 20 BURTON HILLS BLVD.
SUITE 500
City-State-Zip: NASHVILLE TN 37215

Title MANAGER
Name BRADY MD, TRICIA
Address 20 BURTON HILLS BLVD.
SUITE 500
City-State-Zip: NASHVILLE TN 37215

Title MANAGER
Name PAGE, ROBERT
Address 20 BURTON HILLS BLVD.
SUITE 500
City-State-Zip: NASHVILLE TN 37215

Title MANAGER
Name MCCREESH, GLENN
Address 20 BURTON HILLS BLVD.
SUITE 500
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: BRIAN BAXTER, MD

COO

04/18/2024

Electronic Signature of Signing Authorized Person(s) Detail

Date