

**2018 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L14000035066

**Entity Name:** NEONATOLOGY PHYSICIAN SOLUTIONS OF SOUTH FLORIDA, LLC**FILED**  
**Apr 24, 2018**  
**Secretary of State**  
**CC6027367868****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

04/24/2018

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  
Address 7700 WEST SUNRISE BOULEVARD  
MAILSTOP PL-6  
City-State-Zip: PLANTATION FL 33322

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

Title MANAGER  
Name HOLDEN, CHRISTOPHER  
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

*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 JACKSON

MANAGER

04/24/2018

Electronic Signature of Signing Authorized Person(s) Detail

Date