2017 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 17, 2017
Secretary of State
CC7686064031

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Entity Name: TSM ANESTHESIA CONSULTANTS, LLC

Current Principal Place of Business:

5286 LEGEND HILLS LANE
SPRING HILL, FL 34609

Current Mailing Address:

5286 LEGEND HILLS LANE
SPRING HILL, FL 34609 US

FEI Number: 47-2465936

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

CASSELLO, KATHLEEN
5286 LEGEND HILLS LANE
SPRING HILL, FL 34609 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: KATHLEEN CASSELLO 03/17/2017

Electronic Signature of Registered Agent — Date

Authorized Person(s) Detail :

Title	AMBR
Name	MOCHE, THEODORE S II
Address	5286 LEGEND HILLS LANE
City-State-Zip:	SPRING HILL FL 34609

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: THEODORE S. MOCHE OWNER 03/17/2017

Electronic Signature of Signing Authorized Person(s) Detail — Date