

2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L15000059446

Entity Name: ANESTHESIA PHYSICIAN SOLUTIONS OF WEST FLORIDA, LLC

FILED
Apr 18, 2024
Secretary of State
9496410496CC

Current Principal Place of Business:

20 BURTON HILLS BOULEVARD
SUITE 500
NASHVILLE, TN 37215

Current Mailing Address:

20 BURTON HILLS BOULEVARD
SUITE 500
NASHVILLE, TN 37215 US

FEI Number: 47-3633052

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:

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

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

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

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

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

Title MANAGER
Name MCCREESH, GLENN
Address 20 BURTON HILLS BOULEVARD
 SUITE 500
City-State-Zip: NASHVILLE TN 37215

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

Title MANAGER
Name BRADY MD, TRICIA
Address 20 BURTON HILLS BOULEVARD
 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