

**2017 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L15000141104

**FILED**  
**Jan 17, 2017**  
**Secretary of State**  
**CC2511718383**

**Entity Name:** ST. JOHN'S ANESTHESIA SERVICES, LLC

**Current Principal Place of Business:**

8901 CONFERENCE DR  
FT MYERS, FL 33919

**Current Mailing Address:**

8901 CONFERENCE DR  
FT MYERS, FL 33919 US

**FEI Number:** 47-4882954

**Certificate of Status Desired:** Yes

**Name and Address of Current Registered Agent:**

HIRSCH, JOHN  
12548 LAKE DENISE BLVD  
CLERMONT, FL 34711-6854 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 MBR  
Name QUIGLEY, THOMAS MD  
Address 6331 TIDEWATER ISLAND CIR  
City-State-Zip: FT MYERS FL 33908

Title MBR  
Name ZOLLA, RONALD  
Address 1 MICHAEL SUCCI DR  
City-State-Zip: PORTSMOUTH NH 03801

Title MBR  
Name HIRSCH, JOHN  
Address 12548 LAKE DENISE BLVD  
City-State-Zip: CLERMONT FL 34711

*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:** THOMAS QUIGLEY MD

MBR

01/17/2017

Electronic Signature of Signing Authorized Person(s) Detail

Date