

2017 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L15000141104

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