

2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L15000141104

Entity Name: ST. JOHN'S ANESTHESIA SERVICES, LLC**Current Principal Place of Business:**44 BARKLEY CIRCLE
FORT MYERS, FL 33907**Current Mailing Address:**44 BARKLEY CIRCLE
FORT MYERS, FL 33907 US**FEI Number:** 47-4882954**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**QUGLEY, MARK L QUGLEY
44 BARKLEY CIRCLE
FORT MYERS, FL 33907 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 AUTHORIZED MEMBER
Name FLORIDA EYE HEALTH SUBSIDIARY HOLDINGS, LLC
Address 44 BARKLEY CIRCLE
City-State-Zip: FORT MYERS FL 33907

Title PRESIDENT, SECRETARY AND TREASURER
Name QUIGLEY, MARK MD
Address 44 BARKLEY CIRCLE
City-State-Zip: FORT MYERS FL 33907

Title CEO
Name BECK, ASHLEY
Address 44 BARKLEY CIRCLE
City-State-Zip: FORT MYERS FL 33907

Title CFO
Name CREMATA , ARMANDO
Address 44 BARKLEY CIRCLE
City-State-Zip: FORT MYERS FL 33907

Title ASSISTANT SECRETARY
Name STANLEY, JOCELYN
Address 500 W MADISON STREET SUITE 2830
City-State-Zip: CHICAGO IL 60661

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: ASHLEY BECK

CEO

02/26/2024

Electronic Signature of Signing Authorized Person(s) Detail

Date