

**2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L15000147916

**FILED**  
**Apr 16, 2019**  
**Secretary of State**  
**3350613666CC**

**Entity Name:** ANESTHESIA PHYSICIAN SOLUTIONS OF NORTH FLORIDA, LLC

**Current Principal Place of Business:**

7700 WEST SUNRISE BOULEVARD  
MAILSTOP PL-6  
PLANTATION, FL 33322

**Current Mailing Address:**

7700 WEST SUNRISE BOULEVARD  
MAILSTOP PL-6  
PLANTATION, FL 33322 US

**FEI Number: 47-5065986**

**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           JACKSON, BRIAN  
Address       7700 WEST SUNRISE BOULEVARD  
                  MAILSTOP PL-6  
City-State-Zip: PLANTATION FL 33322

Title           MANAGER  
Name           LAVERTY, JOHN  
Address       7700 WEST SUNRISE BOULEVARD  
                  MAILSTOP PL-6  
City-State-Zip: PLANTATION FL 33322

Title           MANAGER  
Name           CUFFE M.D. , MICHAEL  
Address       7700 WEST SUNRISE BOULEVARD  
                  MAILSTOP PL-6  
City-State-Zip: PLANTATION FL 33322

Title           MANAGER  
Name           SMITH M.D., DOUGLAS  
Address       7700 WEST SUNRISE BOULEVARD  
                  MAILSTOP PL-6  
City-State-Zip: PLANTATION FL 33322

Title           AUTHORIZED PERSON  
Name           WILSON, CRAIG  
Address       7700 WEST SUNRISE BOULEVARD  
                  MAILSTOP PL-6  
City-State-Zip: PLANTATION FL 33322

Title           MANAGER  
Name           WITTY, KAREY  
Address       7700 WEST SUNRISE BOULEVARD  
                  MAILSTOP PL-6  
City-State-Zip: PLANTATION FL 33322

Title           MANAGER  
Name           FOSTER, JON  
Address       7700 WEST SUNRISE BOULEVARD  
                  MAILSTOP PL-6  
City-State-Zip: PLANTATION FL 33322

*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: CRAIG WILSON**

**AUTHORIZED PERSON**

**04/16/2019**

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date