

2016 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L15000147916

FILED
Apr 25, 2016
Secretary of State
CC9992019674

Entity Name: ANESTHESIA PHYSICIAN SOLUTIONS OF NORTH FLORIDA, LLC

Current Principal Place of Business:

1613 NORTH HARRISON PARKWAY,
SUITE 200
SUNRISE, FL 33323

Current Mailing Address:

1613 NORTH HARRISON PARKWAY,
SUITE 200
SUNRISE, FL 33323

FEI Number: 47-5065986

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

MARCUS, JILLIAN
1613 NORTH HARRISON PARKWAY
SUITE 200
SUNRISE, FL 33323 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 MGR
Name HOLDEN, CHRISTOPHER
Address 1613 NORTH HARRISON PARKWAY
City-State-Zip: SUNRISE FL 33323

Title MGR
Name COWARD, ROBERT
Address 1613 NORTH HARRISON PARKWAY
City-State-Zip: SUNRISE FL 33323

Title MGR
Name LAVERTY, JOHN
Address 1 PARK PLAZA
City-State-Zip: NASHVILLE TN 37203

Title MGR
Name CUFFE, MICHAEL
Address 1 PARK PLAZA
City-State-Zip: NASHVILLE TN 37203

Title COO
Name WEINSTEIN, CHRISTINE
Address 1613 NORTH HARRISON PARKWAY
City-State-Zip: SUNRISE FL 33323

Title CDO
Name MAURICE, SARAH
Address 1 PARK PLAZA
City-State-Zip: NASHVILLE TN 37203

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: CHRISTINE WEINSTEIN

COO

04/25/2016

Electronic Signature of Signing Authorized Person(s) Detail

Date