

2020 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L15000147916

FILED
Jun 05, 2020
Secretary of State
6186856936CC

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: DROZDOW, M.D., GILBERT
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

Title: MEMBER
Name: HCA-SHERIDAN HOLDINGS, LLC
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 A. WILSON

AUTHORIZED PERSON

06/05/2020

Electronic Signature of Signing Authorized Person(s) Detail

Date