

2018 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L16000200765

Entity Name: HEALTH NETWORK AMBULATORY ALLIANCE, LLC

Current Principal Place of Business:

1A BURTON HILLS BLVD.
NASHVILLE, TN 37215

Current Mailing Address:

1A BURTON HILLS BLVD.
NASHVILLE, TN 37215 US

FEI Number: 81-4490589

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS ST
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 MEMBER
Name AMSURG HOLDINGS, INC.
Address 1A BURTON HILLS BLVD.
City-State-Zip: NASHVILLE TN 37215

Title AUTHORIZED REPRESENTATIVE
Name WILSON, CRAIG
Address 1A BURTON HILLS BLVD.
City-State-Zip: NASHVILLE TN 37215

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
REPRESENTATIVE**

04/23/2018

Electronic Signature of Signing Authorized Person(s) Detail

Date