

2017 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L16000200765

Entity Name: HEALTH NETWORK AMBULATORY ALLIANCE, LLC

Current Principal Place of Business:

7700 WEST SUNRISE BLVD.
MAILSTOP PL-6
PLANTATION, FL 33322

Current Mailing Address:

7700 WEST SUNRISE BLVD.
MAILSTOP PL-6
PLANTATION, FL 33322 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 AMBR
Name AMSURG HOLDINGS, INC.
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: CLAIRES M. GULMI

AUTHORIZED PERSON

08/07/2017

Electronic Signature of Signing Authorized Person(s) Detail

Date