

**2023 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M08000004368

**Entity Name:** WESTON NSC, LLC

**Current Principal Place of Business:**

1A BURTON HILLS BLVD  
NASHVILLE, TN 37215

**FILED**  
**Apr 26, 2023**  
**Secretary of State**  
**4684571329CC**

**Current Mailing Address:**

1A BURTON HILLS BLVD,  
NASHVILLE, TN 37215 US

**FEI Number: 26-3435641**

**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            PRESIDENT, MANAGER  
Name            SNODGRASS, JEFF  
Address        1A BURTON HILLS BLVD  
City-State-Zip: NASHVILLE TN 37215

Title            SENIOR VICE PRESIDENT,  
                      SECRETARY  
Name            MOORE, ILENE  
Address        1A BURTON HILLS BLVD  
City-State-Zip: NASHVILLE TN 37215

Title            GENERAL PARTNER  
Name            WHITE, LINDA  
Address        1A BURTON HILLS BLVD,  
City-State-Zip: NASHVILLE TN 37215

Title            GENERAL PARTNER  
Name            SALLWASSER, PAUL  
Address        1A BURTON HILLS BLVD,  
City-State-Zip: NASHVILLE TN 37215

Title            LIMITED PARTNER  
Name            MESSINA, MD, CARLO  
Address        1A BURTON HILLS BLVD,  
City-State-Zip: NASHVILLE TN 37215

Title            LIMITED PARTNER  
Name            SHENASSA, MD, DAVID  
Address        1A BURTON HILLS BLVD  
City-State-Zip: NASHVILLE TN 37215

Title            LIMITED PARTNER  
Name            KOSCHE, MD, KATHERINE  
Address        1A BURTON HILLS BLVD,  
City-State-Zip: NASHVILLE TN 37215

Title            LIMITED PARTNER  
Name            GELLMAN, MD, HARRIS  
Address        1A BURTON HILLS BLVD  
City-State-Zip: NASHVILLE TN 37215

**Continues on page 2**

*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: ILENE MOORE**

**SECRETARY**

**04/26/2023**

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

\_\_\_\_\_  
Date

**Authorized Person(s) Detail Continued :**

Title LIMITED PARTNER  
Name BAYLIS, MD, ROBERT  
Address 1A BURTON HILLS BLVD,  
City-State-Zip: NASHVILLE TN 37215

Title LIMITED PARTNER  
Name HINDIN, MD, GARY  
Address 1A BURTON HILLS BLVD  
City-State-Zip: NASHVILLE TN 37215

Title LIMITED PARTNER  
Name JONES, MD, FRANZ  
Address 1A BURTON HILLS BLVD,  
City-State-Zip: NASHVILLE TN 37215