

**2024 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M12000001613

**Entity Name:** FLORIDA GULF-TO-BAY ANESTHESIOLOGY ASSOCIATES, LLC**Current Principal Place of Business:**265 BROOKVIEW CENTRE WAY  
STE 203  
KNOXVILLE, TN 37919**Current Mailing Address:**265 BROOKVIEW CENTRE WAY, SUITE 203  
KNOXVILLE, TN 37919 US**FEI Number:** 65-0791956**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:** STEPHANIE MILNES

04/08/2024

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title	MGRM	Title	ASST. SECRETARY
Name	FGTB HOLDINGS, LLC	Name	STAIR, JOHN R
Address	265 BROOKVIEW CENTRE WAY STE 203	Address	265 BROOKVIEW CENTRE WAY, SUITE 203
City-State-Zip:	KNOXVILLE TN 37919	City-State-Zip:	KNOXVILLE TN 37919
Title	ASST. TREASURER	Title	ASST. TREASURER
Name	BARRACK, JOHN	Name	OWENS, LARA
Address	265 BROOKVIEW CENTRE WAY, SUITE 203	Address	265 BROOKVIEW CENTRE WAY, SUITE 203
City-State-Zip:	KNOXVILLE TN 37919	City-State-Zip:	KNOXVILLE TN 37919
Title	PRESIDENT	Title	VP
Name	CORVINI, MICHAEL	Name	DIETRICH, BRIAN
Address	265 BROOKVIEW CENTRE WAY, SUITE 203	Address	265 BROOKVIEW CENTRE WAY, SUITE 203
City-State-Zip:	KNOXVILLE TN 37919	City-State-Zip:	KNOXVILLE TN 37919
Title	VP, CHIEF CLINICAL OFFICER	Title	VP
Name	MESROBIAN, JAMES	Name	EVANS, ROB
Address	265 BROOKVIEW CENTRE WAY, SUITE 203	Address	265 BROOKVIEW CENTRE WAY, SUITE 203
City-State-Zip:	KNOXVILLE TN 37919	City-State-Zip:	KNOXVILLE TN 37919

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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:** JOHN R STAIR

ASSISTANT SECRETARY 04/08/2024

Electronic Signature of Signing Authorized Person(s) Detail

Date

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

Title	TREASURER, SECRETARY
Name	WILLIAMS, RONNIE
Address	265 BROOKVIEW CENTRE WAY, SUITE 203
City-State-Zip:	KNOXVILLE TN 37919