

**2016 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M12000004069

**Entity Name:** OSSC ANESTHESIA, LLC

**Current Principal Place of Business:**

401 COMMERCE ST., SUITE 600  
NASHVILLE, TN 37219

**Current Mailing Address:**

401 COMMERCE ST., SUITE 600  
NASHVILLE, TN 37219 US

**FEI Number:** 46-0837166

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

NRAI SERVICES, INC  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324 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 MGRM  
Name OCALA SPECIALTY SURGERY  
CENTER, LLC  
Address 401 COMMERCE ST., SUITE 740  
City-State-Zip: NASHVILLE TN 37219

*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:** BARRY WESSON

SVP FINANCE

02/29/2016

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

\_\_\_\_\_  
Date