

**2023 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M17000010584

**Entity Name:** PORT ST LUCIE ANESTHESIA, 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:** 82-3550193

**Certificate of Status Desired:** No

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

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 32301-2525 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 SECRETARY  
Name MOORE, ILENE  
Address 1A BURTON HILLS BLVD  
City-State-Zip: NASHVILLE TN 37215

Title TREASURER  
Name CHARPENTIER, JASON  
Address 1A BURTON HILLS BLVD  
City-State-Zip: NASHVILLE TN 37215

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

Title DIRECTOR  
Name BLAIR, ALEX  
Address 1A BURTON HILLS BLVD  
City-State-Zip: NASHVILLE TN 37215

Title DIRECTOR  
Name ALBRECHT, ERIC  
Address 1A BURTON HILLS BLVD  
City-State-Zip: NASHVILLE TN 37215

Title MANAGER  
Name RANA, MD, SATYESH  
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:** ILENE MOORE

**SECRETARY**

**04/25/2023**

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

\_\_\_\_\_  
Date