

2022 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# K94427

Entity Name: ANESTHESIOLOGY ASSOCIATES OF TALLAHASSEE, INC.**Current Principal Place of Business:**1A BURTON HILLS BOULEVARD
NASHVILLE, TN 37215**Current Mailing Address:**1A BURTON HILLS BOULEVARD
NASHVILLE, TN 37215 US**FEI Number:** 59-2970442**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**Officer/Director Detail :**

Title	PRESIDENT, DIRECTOR
Name	CHUANG MD, CHAN-CHOU
Address	1A BURTON HILLS BOULEVARD
City-State-Zip:	NASHVILLE TN 37215

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

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

Title	VP
Name	MUSSO, MATTHEW
Address	1A BURTON HILLS BOULEVARD
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 an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: ILENE MOORE**SECRETARY****04/21/2022**_____
Electronic Signature of Signing Officer/Director Detail_____
Date