

**2025 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P13000032468

**Entity Name:** TREASURE COAST ANESTHESIA GROUP, P.A.

**Current Principal Place of Business:**

265 BROOKVIEW CENTRE WAY, SUITE 203  
KNOXVILLE, TN 37919

**Current Mailing Address:**

265 BROOKVIEW CENTRE WAY, SUITE 203  
KNOXVILLE, TN 37919 US

**FEI Number:** 46-2505521

**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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title P, D  
Name WEISS, JEFFREY MD  
Address 265 BROOKVIEW CENTRE WAY SUITE 203  
City-State-Zip: KNOXVILLE TN 37919

Title VP, CHIEF CLINICAL OFFICER  
Name MESROBIAN, JAMES  
Address 265 BROOKVIEW CENTRE WAY SUITE 203  
City-State-Zip: KNOXVILLE TN 37919

Title AS  
Name STAIR, JOHN R  
Address 265 BROOKVIEW CENTRE WAY, SUITE 203  
City-State-Zip: KNOXVILLE TN 37919

Title AT  
Name BARRACK, JOHN  
Address 265 BROOKVIEW CENTRE WAY, SUITE 203  
City-State-Zip: KNOXVILLE TN 37919

Title VP  
Name CORVINI, MICHAEL  
Address 265 BROOKVIEW CENTRE WAY, SUITE 203  
City-State-Zip: KNOXVILLE TN 37919

Title VP  
Name EVANS, ROB  
Address 265 BROOKVIEW CENTRE WAY, SUITE 203  
City-State-Zip: KNOXVILLE TN 37919

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

Title ASST. TREASURER  
Name OWENS, LARA  
Address 265 BROOKVIEW CENTRE WAY, SUITE 203  
City-State-Zip: KNOXVILLE TN 37919

*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:** JOHN R STAIR

**ASSISTANT SECRETARY** 04/07/2025

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date