2024 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P13000032468

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

FILED
Apr 10, 2024
Secretary of State
1149486846CC

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 Title VP, CHIEF CLINICAL OFFICER

Name WEISS, JEFFREY MD Name MESROBIAN, JAMES

Address 265 BROOKVIEW CENTRE WAY SUITE Address 265 BROOKVIEW CENTRE WAY SUITE

City-State-Zip: KNOXVILLE TN 37919 City-State-Zip: KNOXVILLE TN 37919

Title AS Title AT

Name STAIR, JOHN R Name BARRACK, JOHN

Address 265 BROOKVIEW CENTRE WAY, Address 265 BROOKVIEW CENTRE WAY,

SUITE 203 SUITE 203

City-State-Zip: KNOXVILLE TN 37919 City-State-Zip: KNOXVILLE TN 37919

Title VP Title VP

Name CORVINI, MICHAEL Name EVANS, ROB

Address 265 BROOKVIEW CENTRE WAY, Address 265 BROOKVIEW CENTRE WAY,

SUITE 203 SUITE 203

City-State-Zip: KNOXVILLE TN 37919 City-State-Zip: KNOXVILLE TN 37919

Title TREASURER, SECRETARY Title ASST. TREASURER

Name WILLIAMS, RONNIE Name OWENS, LARA

Address 265 BROOKVIEW CENTRE WAY Address 265 BROOKVIEW CENTRE WAY,

STE 203 SUITE 203

City-State-Zip: KNOXVILLE TN 37919 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 04/10/2024

Electronic Signature of Signing Officer/Director Detail

Date