

2016 FLORIDA LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

DOCUMENT# L07000099172

Entity Name: JUPITER ANESTHESIA ASSOCIATES, L.L.C.**Current Principal Place of Business:**7700 WEST SUNRISE BLVD.
SUNRISE, FL 33322**Current Mailing Address:**7700 WEST SUNRISE BLVD.
MAILSTOP PL-6
SUNRISE, FL 33322 US**FEI Number:** 26-1150385**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**MARCUS, JILLIAN
7700 WEST SUNRISE BLVD
SUNRISE, FL 33322 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:** JILLIAN MARCUS

10/26/2016

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title DCEO
Name GULMI, CLAIRE
Address 7700 WEST SUNRISE BLVD.
City-State-Zip: SUNRISE FL 33322

Title DP
Name COWARD, ROBERT
Address 7700 WEST SUNRISE BLVD.
City-State-Zip: SUNRISE FL 33322

Title VP
Name MARCUS, JILLIAN
Address 7700 WEST SUNRISE BLVD.
City-State-Zip: SUNRISE FL 33322

Title ASST. SECRETARY
Name SANTARONE, STACY
Address 7700 WEST SUNRISE BLVD.
City-State-Zip: SUNRISE FL 33322

Title EVP
Name DROZDOW, GILBERT
Address 7700 WEST SUNRISE BLVD.
City-State-Zip: SUNRISE FL 33322

Title VP & T
Name EASTRIDGE, KEVIN
Address 7700 WEST SUNRISE BLVD.
City-State-Zip: SUNRISE FL 33322

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: JILLIAN MARCUS

VP

10/26/2016

Electronic Signature of Signing Authorized Person(s) Detail

Date