2021 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000099172

Entity Name: JUPITER ANESTHESIA ASSOCIATES, L.L.C.

FILED
Apr 27, 2021
Secretary of State
4240065331CC

Date

Current Principal Place of Business:

7700 WEST SUNRISE BLVD. PLANTATION. FL 33322

Current Mailing Address:

7700 WEST SUNRISE BLVD. PLANTATION, FL 33322 US

FEI Number: 26-1150385 Certificate of Status Desired: No

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY 1201 HAYS ST 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: JILLIAN MARCUS 04/27/2021

Electronic Signature of Registered Agent

Authorized Person(s) Detail :

Title MANAGER, PRESIDENT Title SENIOR VICE PRESIDENT-CLINICAL

NameSMITH, M.D., DOUGLASNameCHUANG, M.D., CHAN-CHOUAddress7700 WEST SUNRISE BLVD.Address7700 WEST SUNRISE BLVD.City-State-Zip:PLANTATION FL 33322City-State-Zip:PLANTATION FL 33322

Title TREASURER Title SENIOR VICE PRESIDENT AND

SECRETARY

Name CHARPENTIER, JASON Name MOORE, ILENE

Address 7700 WEST SUNRISE BLVD.

Address 7700 WEST SUNRISE BLVD.

City-State-Zip: PLANTATION FL 33322

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Title VICE PRESIDENT AND ASSISTANT

SECRETARY Title VP

Name PAGE, JUSTIN Name MUSSO, MATTHEW

Address 7700 WEST SUNRISE BLVD. Address 7700 WEST SUNRISE BLVD.

City-State-Zip: PLANTATION FL 33322 City-State-Zip: PLANTATION 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: JUSTIN PAGE VICE PRESIDENT 04/27/2021