

2018 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000099172

Entity Name: JUPITER ANESTHESIA ASSOCIATES, L.L.C.**Current Principal Place of Business:**7700 WEST SUNRISE BLVD.
MAILSTOP PL-6
PLANTATION, FL 33322**Current Mailing Address:**7700 WEST SUNRISE BLVD.
MAILSTOP PL-6
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

04/23/2018

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title PRESIDENT, MANAGER
Name JACKSON, BRIAN
Address 7700 WEST SUNRISE BLVD.
MAILSTOP PL-6
City-State-Zip: PLANTATION FL 33322

Title VP, ASST. SECRETARY
Name MARCUS, JILLIAN
Address 7700 WEST SUNRISE BLVD.
MAILSTOP PL-6
City-State-Zip: PLANTATION FL 33322

Title SENIOR VICE PRESIDENT CLINICAL
Name DROZDOW, GILBERT
Address 7700 WEST SUNRISE BLVD.
MAILSTOP PL-6
City-State-Zip: PLANTATION FL 33322

Title EXECUTIVE VICE PRESIDENT
Name EASTRIDGE, KEVIN
Address 7700 WEST SUNRISE BLVD.
MAILSTOP PL-6
City-State-Zip: PLANTATION FL 33322

Title SECRETARY, SENIOR VICE
PRESIDENT
Name WILSON, CRAIG
Address 7700 WEST SUNRISE BLVD.
MAILSTOP PL-6
City-State-Zip: PLANTATION FL 33322

Title CFO
Name STANDIFIRD, JASON
Address 7700 WEST SUNRISE BLVD.
MAILSTOP PL-6
City-State-Zip: PLANTATION FL 33322

Title TREASURER
Name RUTHERFORD, KRISTY
Address 7700 WEST SUNRISE BLVD.
MAILSTOP PL-6
City-State-Zip: PLANTATION FL 33322

Title VP
Name MORRIS, ERIN
Address 7700 WEST SUNRISE BLVD.
MAILSTOP PL-6
City-State-Zip: PLANTATION FL 33322

Continues on page 2

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: CRAIG WILSON**SECRETARY**

04/23/2018

Electronic Signature of Signing Authorized Person(s) Detail

Date

Authorized Person(s) Detail Continued :

Title	AUTHORIZED SIGNOR FOR ENROLLMENT PURPOSES
Name	BEHM, TENNA
Address	7700 WEST SUNRISE BLVD. MAILSTOP PL-6
City-State-Zip:	PLANTATION FL 33322