

2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000099172

Entity Name: JUPITER ANESTHESIA ASSOCIATES, L.L.C.**Current Principal Place of Business:**1613 N. HARRISON PKWY., SUITE 200
SUNRISE, FL 33323**Current Mailing Address:**1613 N. HARRISON PKWY., SUITE 200
SUNRISE, FL 33323**FEI Number:** 26-1150385**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**MARCUS, JILLIAN
1613 N. HARRISON PKWY., SUITE 200
SUNRISE, FL 33323 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

04/27/2015

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title	DCEO
Name	GULMI, CLAIRE
Address	1613 N. HARRISON PKWY., SUITE 200
City-State-Zip:	SUNRISE FL 33323

Title	DP
Name	COWARD, ROBERT
Address	1613 N. HARRISON PKWY., SUITE 200
City-State-Zip:	SUNRISE FL 33323

Title	VP
Name	MARCUS, JILLIAN
Address	1613 N. HARRISON PKWY., SUITE 200
City-State-Zip:	SUNRISE FL 33323

Title	ASST. SECRETARY
Name	SANTARONE, STACY
Address	1613 N HARRISON PARKWAY SUITE 200
City-State-Zip:	SUNRISE FL 33323

Title	EVP
Name	DROZDOW, GILBERT
Address	1613 N HARRISON PARKWAY SUITE 200
City-State-Zip:	SUNRISE FL 33323

Title	VP & T
Name	EASTRIDGE, KEVIN
Address	1613 N. HARRISON PKWY., SUITE 200
City-State-Zip:	SUNRISE FL 33323

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

04/27/2015

Electronic Signature of Signing Authorized Person(s) Detail

Date