

**2017 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:**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

04/25/2017

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title            PRESIDENT, MANAGER  
Name           COWARD, ROBERT  
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            SENIOR VICE PRESIDENT CLINICAL  
Name           IANNACONE, RAY  
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

**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:** ROBERT COWARD

MANAGER

04/25/2017

Electronic Signature of Signing Authorized Person(s) Detail

Date

**Authorized Person(s) Detail Continued :**

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

Title AUTHORIZED SIGNOR FOR ENROLLMENT  
PURPOSES  
Name BEHM, TENNA  
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