

**2019 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

04/22/2019

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 BALFOUR, RIAN  
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, CFO  
Name SPARKS, TERESA  
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 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

*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**

04/22/2019

Electronic Signature of Signing Authorized Person(s) Detail

Date