

**2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L08000009189

**FILED**  
**Apr 24, 2019**  
**Secretary of State**  
**1141239774CC**

**Entity Name:** ST. LUCIE ANESTHESIA ASSOCIATES, LLC

**Current Principal Place of Business:**

7700 WEST SUNRISE BOULEVARD  
MAILSTOP PL-6  
PLANTATION , FL 33322

**Current Mailing Address:**

7700 WEST SUNRISE BOULEVARD  
MAILSTOP PL-6  
PLANTATION , FL 33322 US

**FEI Number:** 26-1822664

**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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Authorized Person(s) Detail :**

Title	MANAGER, PRESIDENT	Title	SENIOR VICE PRESIDENT CLINICAL
Name	JACKSON, BRIAN	Name	DROZDOW, GILBERT
Address	7700 WEST SUNRISE BOULEVARD MAILSTOP PL-6	Address	7700 WEST SUNRISE BOULEVARD MAILSTOP PL-6
City-State-Zip:	PLANTATION FL 33322	City-State-Zip:	PLANTATION FL 33322
Title	VP, ASST. SECRETARY	Title	EXECUTIVE VICE PRESIDENT, CFO
Name	BALFOUR, RIAN	Name	SPARKS, TERESA
Address	7700 WEST SUNRISE BOULEVARD MAILSTOP PL-6	Address	7700 WEST SUNRISE BOULEVARD MAILSTOP PL-6
City-State-Zip:	PLANTATION FL 33322	City-State-Zip:	PLANTATION FL 33322
Title	SECRETARY, SENIOR VICE PRESIDENT	Title	TREASURER
Name	WILSON, CRAIG	Name	RUTHERFORD, KRISTY
Address	7700 WEST SUNRISE BOULEVARD MAILSTOP PL-6	Address	7700 WEST SUNRISE BOULEVARD MAILSTOP PL-6
City-State-Zip:	PLANTATION FL 33322	City-State-Zip:	PLANTATION FL 33322
Title	VP		
Name	MORRIS, ERIN		
Address	7700 WEST SUNRISE BOULEVARD 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**

**04/24/2019**

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date