

**2022 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L09000078890

**Entity Name:** AC PROVIDER SERVICES OF FLORIDA, LLC**Current Principal Place of Business:**1A BURTON HILLS BOULEVARD  
NASHVILLE, TN 37215**Current Mailing Address:**1A BURTON HILLS BOULEVARD  
NASHVILLE, TN 37215 US**FEI Number:** NOT APPLICABLE**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 32301-2525 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  
Name CHAUNG MD, CHAN-CHOU  
Address 7700 W. SUNRISE BOULEVARD  
City-State-Zip: PLANTATION FL 33322

Title TREASURER  
Name CHARPENTIER, JASON  
Address 1A BURTON HILLS BOULEVARD  
City-State-Zip: NASHVILLE TN 37215

Title SENIOR VICE PRESIDENT AND  
SECRETARY  
Name MOORE, ILENE  
Address 1A BURTON HILLS BOULEVARD  
City-State-Zip: NASHVILLE TN 37215

Title VP  
Name MUSSO, MATTHEW  
Address 1A BURTON HILLS BOULEVARD  
City-State-Zip: NASHVILLE TN 37215

*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: ILENE MOORE****SECRETARY****04/24/2022**

Electronic Signature of Signing Authorized Person(s) Detail

Date