

2018 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L10000061661

Entity Name: GULFCOAST ANESTHESIA PARTNERS DIVISION, LLC

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: 27-3182706

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

04/23/2018

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title	PRESIDENT, MANAGER	Title	EXECUTIVE VICE PRESIDENT
Name	JACKSON, BRIAN	Name	EASTRIDGE, KEVIN
Address	7700 WEST SUNRISE BLVD MAILSTOP PL-6	Address	7700 WEST SUNRISE BLVD MAILSTOP PL-6
City-State-Zip:	PLANTATION FL 33322	City-State-Zip:	PLANTATION FL 33322
Title	SENIOR VICE PRESIDENT CLINICAL	Title	VP, ASST. SECRETARY
Name	DROZDOW, GILBERT	Name	MARCUS, JILLIAN
Address	7700 WEST SUNRISE BLVD MAILSTOP PL-6	Address	7700 WEST SUNRISE BLVD MAILSTOP PL-6
City-State-Zip:	PLANTATION FL 33322	City-State-Zip:	PLANTATION FL 33322
Title	SECRETARY, SENIOR VICE PRESIDENT	Title	CFO
Name	WILSON, CRAIG	Name	STANDIFIRD, JASON
Address	7700 WEST SUNRISE BLVD MAILSTOP PL-6	Address	7700 WEST SUNRISE BLVD MAILSTOP PL-6
City-State-Zip:	PLANTATION FL 33322	City-State-Zip:	PLANTATION FL 33322
Title	TREASURER	Title	VP
Name	RUTHERFORD, KRISTY	Name	MORRIS, ERIN
Address	7700 WEST SUNRISE BLVD MAILSTOP PL-6	Address	7700 WEST SUNRISE BLVD MAILSTOP PL-6
City-State-Zip:	PLANTATION FL 33322	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

04/23/2018

Electronic Signature of Signing Authorized Person(s) Detail

Date