

2016 FLORIDA LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

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FILED
Oct 21, 2016
Secretary of State
CC1629322388

Entity Name: GULFCOAST ANESTHESIA PARTNERS DIVISION, LLC

Current Principal Place of Business:

7700 WEST SUNRISE BLVD
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:

MARCUS, JILLIAN
7700 WEST SUNRISE BLVD
PLANTATION, 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

10/21/2016

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title CEO
Name GULMI, CLAIRE
Address 7700 WEST SUNRISE BLVD
City-State-Zip: PLANTATION FL 33322

Title PRESIDENT
Name COWARD, ROBERT
Address 7700 WEST SUNRISE BLVD
City-State-Zip: PLANTATION FL 33322

Title VP & T
Name EASTRIDGE, KEVIN
Address 7700 WEST SUNRISE BLVD
City-State-Zip: PLANTATION FL 33322

Title EVP
Name DROZDOW, GILBERT
Address 7700 WEST SUNRISE BLVD
City-State-Zip: PLANTATION FL 33322

Title ASST. SEC
Name SANTARONE, STACY
Address 7700 WEST SUNRISE BLVD
City-State-Zip: PLANTATION FL 33322

Title VP & S
Name MARCUS, JILLIAN
Address 7700 WEST SUNRISE BLVD
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: JILLIAN MARCUS

VP & S

10/21/2016

Electronic Signature of Signing Authorized Person(s) Detail

Date