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.

VP

Т

# DOCUMENT# L10000061661

### Entity Name: GULFCOAST ANESTHESIA PARTNERS DIVISION, LLC

### **Current Principal Place of Business:**

**1613 NORTH HARRISON PARKWAY** SUITE 200 SUNRISE, FL 33323

# **Current Mailing Address:**

**1613 NORTH HARRISON PARKWAY** SUITE 200 SUNRISE, FL 33323 US

#### FEI Number: 27-3182706

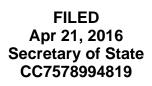
# Name and Address of Current Registered Agent:

MARCUS, JILLIAN 1613 NORTH HARRISON PARKWAY SUITE 200 SUNRISE, FL 33323 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		04/21/	/2016	
	Electronic Signature of Registered Agent		Da	te	
Authorized Person(s) Detail :					
Title 0	CEO	Title	PRESIDENT		
Name 0	GULMI, CLAIRE	Name	COWARD, ROBERT		
	1613 NORTH HARRISON PARKWAY SUITE 200	Address	1613 NORTH HARRISON PARKWAY SUITE 200		
City-State-Zip: S	SUNRISE FL 33323	City-State-Zip:	SUNRISE FL 33323		
Title	VP & T	Title	EVP		
Name E	EASTRIDGE, KEVIN	Name	DROZDOW, GILBERT		
	1613 NORTH HARRISON PARKWAY SUITE 200	Address	1613 NORTH HARRISON PARKWAY SUITE 200		
City-State-Zip: S	SUNRISE FL 33323	City-State-Zip:	SUNRISE FL 33323		
Title A	ASST. SEC	Title	VP & S		
Name S	SANTARONE, STACY	Name	MARCUS, JILLIAN		
	1613 NORTH HARRISON PARKWAY SUITE 200	Address	1613 NORTH HARRISON PARKWAY SUITE 200		
City-State-Zip: S	SUNRISE FL 33323	City-State-Zip:	SUNRISE FL 33323		

Electronic Signature of Signing Authorized Person(s) Detail



Certificate of Status Desired: No

04/21/2016 Date