| 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

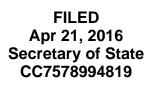
# Name and Address of Current Registered Agent:

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<br>SUITE 200 | Address         | 1613 NORTH HARRISON PARKWAY<br>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<br>SUITE 200 | Address         | 1613 NORTH HARRISON PARKWAY<br>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<br>SUITE 200 | Address         | 1613 NORTH HARRISON PARKWAY<br>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