

**2020 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

06/26/2020

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title	PRESIDENT, MANAGER	Title	SENIOR VICE PRESIDENT CLINICAL
Name	SMITH, M.D., DOUGLAS	Name	DROZDOW, GILBERT
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	TREASURER
Name	WILSON, CRAIG	Name	RUTHERFORD, KRISTY
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 A. WILSON

**AUTHORIZED PERSON**

06/26/2020

Electronic Signature of Signing Authorized Person(s) Detail

Date