2018 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 19, 2018
Secretary of State
CC9340267632

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Entity Name: PALMETTO ANESTHESIA SPECIALISTS, LLC

Current Principal Place of Business:

7111 FAIRWAY DRIVE
SUITE 450
PALM BEACH GARDENS, FL 33418

Current Mailing Address:

265 BROOKVIEW CENTRE WAY, SUITE 400
ATTN: LEGAL DEPT.
KNOXVILLE, TN 37919 US

FEI Number: 27-4319641

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
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:

Electronic Signature of Registered Agent — Date

Authorized Person(s) Detail :

Title	MEMBER/MANAGER/PRESIDENT
Name	WEISS, JEFFREY DO
Address	7111 FAIRWAY DRIVE SUITE 450
City-State-Zip:	PALM BEACH GARDENS FL 33418

Title	ASST. TREASURER
Name	BARRACK, JOHN
Address	265 BROOKVIEW CENTRE WAY, SUITE 400 ATTN: LEGAL DEPT.
City-State-Zip:	KNOXVILLE TN 37919

Title	VP
Name	STAPLETON, MATT
Address	7111 FAIRWAY DRIVE SUITE 450
City-State-Zip:	PALM BEACH GARDENS FL 33418

Title	ASST. SECRETARY
Name	STAIR, JOHN
Address	265 BROOKVIEW CENTRE WAY, SUITE 400 ATTN: LEGAL DEPT.
City-State-Zip:	KNOXVILLE TN 37919

Title	VICE PRESIDENT/TREASURER
Name	BEUERLE, DON
Address	7111 FAIRWAY DRIVE SUITE 450
City-State-Zip:	PALM BEACH GARDENS FL 33418

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: JOHN STAIR ASSISTANT SECRETARY 04/19/2018

Electronic Signature of Signing Authorized Person(s) Detail — Date